

Implementation of the Millennium Development Goals

Progresses and Challenges in Some African Countries

Edited by
Nicholas Awortwi
and
Herman Musahara



Organisation for Social Science Research
in Eastern and Southern Africa (OSSREA)

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**Organisation for Social Science Research in
Eastern and Southern Africa (OSSREA)**

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OSSREA acknowledges the support of Swedish International Development Co-operation Agency (Sida), Norwegian Agency for Development Co-operation (NORAD), and Danish Development Agency (DANIDA).

Published 2015

Printed in Ethiopia

ISBN: 978-99944-55-82-9

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Copyediting: *Abiye Daniel*

Matebu Tadesse

Text layout: *Alemtsehay Zewde*

Organisation for Social Science Research in Eastern and Southern Africa

P.O. Box 31971, Addis Ababa, Ethiopia

Fax: 251-11-1223921

Tel: 251-11-1239484

E-mail: info@ossrea.net

Website: www.ossrea.net

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Herman Musahara

Acronyms

AfDB	African Development Bank
AIDS	Acquired Immunodeficiency Syndrome
ALOS	Average Learning Outcome Score
AMPATH	Academic Model for Prevention and Treatment of HIV and AIDS
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
AU	African Union
BCP	Botswana Congress Party
BDP	Botswana Democratic Party
BECE	Basic Education Certificate Examination
BNF	Botswana National Front
BOS	Bureau of Statistics
CD4	Cluster of Differentiation 4
CDC	the Centre for Disease Control
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CIFP	Country Indicators for Foreign Policy
CPR	Contraceptive Prevalence Rates
CRC	the Convention on the Rights of the Child
DANIDA	Danish International Development Agency
DFID	Department for International Development
DOTS	Direct Observed Treatment Short Course
ECA	United Nations Economic Commission for Africa
EISA	the Electoral Institute for Southern Africa
eMTCT	Elimination of Mother to Child Transmission
FAO	Food and Agriculture and Organisation
FCUBE	Free Compulsory Universal Basic Education
FFP-OFDA	USAID's Food for Peace – Office for Foreign Disaster Assistance
FGDs	Community-level Focus Group Discussions
FP	Family Planning
FPE	Free Primary Education
FPP	‘first past the post’
FTI	Fast Track Initiative
GAD	Department of Gender Affairs (Botswana)
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GEM	Girls Education Movement
GER	Gross Enrolment Ratio
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria

GLSS	Ghana Living Standards Survey
GoK	the Government of Kenya
GoL	Government of Lesotho
GoU	Government of Uganda
GPI	Generalised Poverty Indicators
GPPC	Gender Policy and Programme Committee
GPRSP	Ghana Poverty Reduction Strategy Paper
GSGDA	the Ghana Shared Growth and Development Agenda
HBV	Hepatitis B Virus
HELB	Higher Education Loans Board (Kenya)
HII	High Impact Intervention
HIPC	Heavily-Indebted Poor Countries
HIV	Human Immunodeficiency Virus
HPMs	Hand-Pump Mechanics
HPMAs	Hand-Pump Mechanic Associations
HTC	HIV Testing and Counselling
IDWSSD	International Drinking Water Supply and Sanitation Decade
IFAD	International Fund for Agricultural Development
IMCI	Integrated Management of Childhood Illnesses
IMF	the International Monetary Fund
IPU	Inter-Parliamentary Union
IQ	Intelligence Quotient
IRC	International Water and Sanitation Resource Centre
IRIN	Integrated Regional Information Networks
ITNs	Insecticide-Treated Nets
KCPE	Kenya Certificate of Primary Education
KDHS	Kenya Demographic and Health Survey
KHPF	Kenya Health Policy Framework
KIIs	Key Informant Interviews
KNBS	Kenya National Bureau of Statistics
LICUS	Low-Income Countries Under Stress'
LLINs	Long-Lasting Insecticidal Nets
MAP	Madagascar Action Plan
MDGs	Millennium Development Goals (MDGs)
MMR	Maternal Mortality Ratio
MMRate	Maternal Mortality Rate
MNCH	Maternal, Neonatal and Child Health
MNH	Maternal and Newborn Health
MOH	Ministry of Health
MPs	Members of Parliaments
MVP	Millennium Village Program
MWE	Ministry of Water and Environment (Uganda)
NAC	National AIDS Commission

NBS	National Bureau of Statistics (Nigeria)
NDE	National Directorate of Employment (Nigeria)
NDP	National Development Plan (Botswana)
NEEDS	National Economic Empowerment and Development Strategy (Nigeria)
NER	Net Enrolment Ratio
NGO	Non-Governmental Organisation
NHIS	National Health Insurance Scheme
NHSSP	National Health Sector Strategic Plan
NMCP	National Malaria Control Programme (Tanzania)
NPM	New Public Management
NRHP	National Reproductive Health Policy
NRHS	National Reproductive Health Strategy
NSDP	National Strategic Development Plan
NSGRP	National Strategy for Growth and Reduction of Poverty
NSP	National Strategic Plan
O and M	Operation and Management
OVC	Orphans and Vulnerable Children
PANAGED	National Gender and Development Action Plan (Madagascar)
PASEC	Programme for the Analysis of Education Systems
PEPFAR	President's Emergency Programme for AIDS Relief
PMI	(the) US President's Malaria Initiatives
PMTCT	Prevention of Mother To Child
PNPF	National Policy for the Promotion of Women (la Politique nationale de promotion de la femme)
PRSP	Poverty Reduction Strategy Paper
PSI	Population Services International
RNPE	Revised National Policy on Education (Botswana)
RWS	Rural Water Supplies
SADC	Southern Africa Development Community
SADCC	Southern African Development Coordination Conference
SBCC	Social and Behaviour Change Communication
SDGs	Sustainable Development Goals
SNV	Netherlands Development Organisation
SOWESS	the Social Welfare Services Scheme (Nigeria)
SPSS	Statistical Package for Social Sciences
STIs	Sexually Transmitted Infections
TACAIDS	Tanzanian Commission for AIDS
TB	Tuberculosis
TDHS	Tanzania Demographic and Health Survey
TFR	Total Fertility Rates
TGNP	Tanzania Gender Networking Programme
THMIS	Tanzania HIV/AIDS and Malaria Indicator Survey

TNVS	Tanzania National Voucher Scheme
Triple S	Sustainable (Rural Water) Services at Scale
TZS	Tanzanian Shilling
UCC	Universal Coverage Campaign
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	(The) United Nations Population Fund
UNICEF	(The) United Nations Children's Fund
UNV	United Nations Volunteers
UPE	Universal Primary Education
URT	United Republic of Tanzania
USA	(The) United States of America
UWASNET	Uganda Water and Sanitation Network
VMLF	the Platform for Gender Equality and Development (Madagascar)
VMMC	Voluntary Male Medical Circumcision
WB	World Bank
WHO	World Health Organisation
WLSA	Women and Law in Southern Africa
WSC	Water and Sanitation Committee
WUCs	Water User Committees
ZMCP	(the) Zanzibar Malaria Control Programme

About Authors

Emmanuel Manyasa: Emmanuel Manyasa holds a PhD in Development Economics. He has 10 years of University teaching experience at Kenyatta University, where he is a lecturer in the department of Applied Economics. His teaching and research interests include rural development economics; environmental economics; project design, implementation and evaluation; agricultural economics and development planning. He has researched and published on poverty, social capital, smallholder agriculture, and agro-diversity conservation. Besides teaching and research, he has also consulted for a variety of organizations including the Association for the Strengthening of Agricultural Research in East and Central Africa (ASARECA). He is currently consulting for the Imperial College of London on “linking smallholder farmers to structured markets in Kenya” – a Bill and Melinda Gates Foundation (BMGF)-funded project.

Robert M. Molebatsi: Robert M. Molebatsi is a lecturer in the Department of Sociology, University of Botswana. He has MSc in Medical Sociology from Royal Holloway College, University of London. His research interests are in areas of sociology of health, ageing, youth studies, democracy and governance. Molebatsi teaches in Research Methodology, Sociology of Health, and Alternative Health Care Practices.

Kenneth Dipholo: Kenneth Dipholo is a Senior Lecturer in the Department of Adult Education at the University of Botswana. He has a PhD in Development Education from the University of the Witwatersrand, South Africa; a Masters of Social Sciences in Rural Development from Birmingham University in the UK; and a Bachelor of Arts degree in Public Administration and Political Science from the University of Botswana. Dipholo has worked for the University of Botswana for 14 years and has over 14 pieces of publications in refereed journals. He also made presentations at several national, regional and international conferences, workshops and seminars. His teaching and research interests are in the areas of rural and community development; extension education; local government studies; political economy; development education; and lifelong learning.

Elizabeth Michael Msoka: Elizabeth M. Msoka is currently an Assistant Lecturer at St. John’s University of Tanzania in Dodoma Region. She pursued Masters of Arts in Development Studies and graduated in the year 2007 at the University of Dar es Salaam. She also holds a Bachelor of Science Degree in Home Economics and Human Nutrition from Sokoine University of Agriculture. At present, she is pursuing a PhD study in Development Studies at the University of Dar es Salaam. She has research interest in gender and development, entrepreneurship and social change. She has published journal articles on saving practices and performance of small scale businesses owned by women in Tanzania, and determinants of

customer retention in commercial banks in Tanzania, and entrepreneurship skills and performance of women-owned micro- and small-enterprises in Dar es Salaam, Tanzania.

Tapologo Maundeni Tapologo Maundeni is an Associate Professor in the Department of Social Work at the University of Botswana. She holds a Masters in Social Work from the University of Wisconsin Madison, and a PhD from the University of Glasgow. She has published on issues such as sexual and reproductive health, families, as well as children and women's rights. She also chairs the research sub-committee of the University of Botswana's Gender Policy and Programme Committee (GPPC) as well as the Committee that reviews the University of Botswana's Sexual Harassment Policy. Maundeni serves as a reviewer of manuscripts submitted for publication in various internationally renowned journals. She also served as a consultant for international and national organizations such as UNICEF, UNESCO, as well as DFID. Her areas of interest include: human rights, child and family welfare, gender and development, as well as HIV and AIDS.

Ellen Bortei-DokuAryeetey is an Associate Professor of Sociology at the Centre for Social Policy Studies (CSPS) in the College of Humanities at the University of Ghana. She holds a PhD in Sociology from Michigan State University. She has participated in social policy dialogue and planning with state agencies, development partners and non-government organizations. Her teaching, research and publications focus on social policy, community development, gender relations and rural institutions.

George Domfe, with a PhD, is a Development Economist at the Centre for Social Policy Studies (CSPS) at the University of Ghana. He holds a PhD in Development Studies and an M.Phil in Economics from the University of Ghana. His research focus is on poverty analysis (economic exclusion and its implication for the welfare of the sick, aged, women and children), aid and development, political economy of social protection, and the causes and effects of the incidence of labour slack in the developing economies.

Benard Mwori Sorre: Benard Mwori Sorre holds a PhD and is a senior lecturer in the Department of Anthropology and Human Ecology, Moi University, Kenya. He has research experience in applied/development anthropology with key studies being on food security, nutrition, maternal health, street children, poverty, sexuality and sexual behaviour, agricultural interventions, and HIV and AIDS. He is currently, a post-doctoral fellow with the National Commission of Science, Technology and Innovation (Kenya) – researching on the paradox of food insecurity in western Kenya.

Asingwire Narathius: Asingwire holds a PhD in Social Policy Analysis and is currently a Senior Lecturer in the Department of Social Work and Social Administration at Makerere University. Asingwire has lectured at

Makerere University since 1987 where he served as Head of Social Work and Social Administration Department for 13 years. Asingwire has served as a Principal Investigator on major research projects funded by international agencies and Team Leader on a number of research projects commissioned by government ministries, departments and agencies, local and international NGOs within and outside Uganda. Asingwire's research interest is in the area of social service delivery in - resource- poor countries with keen interest in rural safe water supplies, HIV and AIDS and ICTs. Asingwire has published in a number of journals and contributed chapters in textbooks that are used for university teaching. Together with colleagues at Makerere University, Asingwire recently published a book on "Social Work in Poverty Reduction and the Realisation of Millennium Development Goals in Uganda".

Lee Pugalis: Lee Pugalis, with a PhD, is a reader in Entrepreneurship at Northumbria University where he chairs the Research Group for Economic Development, Innovation and Entrepreneurship (REDIE). He has had an action-packed career spanning local, regional and national government, academia and consultancy. Lee is an expert advisor to the Assembly of European Regions, and his research interests include urban regeneration, enterprising places, regional development and spatial justice. He has over 100 publications, is the editor of four journals and is a member of 15 international editorial boards. Lee has won several scholarships, research awards and bursaries, including the 2013 Untested Ideas Outstanding Scholar. He is a World Social Science Fellow, an associate director of an independent research consultancy, Vice Chair of the Urban Design Network and serves on the board of the Centre for Local Economic Strategies (CLES).

Bob Giddings: Bob Giddings is a Professor and Chair of Architecture and Urban Design at Northumbria University, Newcastle upon Tyne, UK. He studied Architecture at Newcastle University winning two prizes in design competitions. He holds a Postgraduate Diploma in Management and fellowship of the Chartered Institute of Building, a Master of Arts in Urban Studies, followed by a Doctorate in Architecture and Urban Design from the Institute of Advanced Architectural Studies, the University of York. Before university, Bob was employed as a Building Technologist in London but has since worked with a number of award-winning architectural practices. He has pioneered three innovative degree courses, including Architectural Design and Management, and continues to teach Design to various student groups.

His research covers a variety of Architecture and Urban Design activity and he is particularly interested in the nature of houses for communities throughout the world. The work with the Kpirikpiri community in Abakaliki, Nigeria has been published, and is included on the websites of the Commonwealth Association of Architects and The Laboratory for Housing and Human Settlements, Indonesia.

Kelechi Theophilus Anyigor: Kelechi Theophilus Anyigor graduated from Enugu State University of Science and Technology, Nigeria with a Bachelor's Degree in Urban and Regional Planning. He then obtained an MSc in Project Management from Northumbria University. His interest in urban development in deprived communities resulted in a PhD. His research focuses on the interplay of the social, economic and environmental aspects of deprived urban communities and how they can be harnessed to improve quality of life. Before leaving Nigeria for further studies in the UK, Kelechi worked in the real estate industry as an Operations Manager and in the education sector as a Geography Tutor. He has authored books, and research articles published in journals. He currently heads the Research and Training Department of a UK-based charity, which also operates in Asia and Africa. His current job has afforded him the opportunity to work with a team that established an operational free school for orphans and children from low income homes in Hyderabad, India. Kelechi also has a flourishing career in the music industry as a singer and songwriter.

Herman Musahara: Herman Musahara is currently an Acting Executive Director of the Organization for Social Science Research in Eastern and Southern Africa (OSSREA). He has more than 30 years experience as an academic, a researcher and a consultant. He holds a PhD in Development Studies from the University of Western Cape in South Africa and an M.A. in Economics from the University of Dar es Salaam. He was Dean of the Faculty of Economics and Management 2005, Director of University Consultancy Bureau 2008, Director of Planning and Development 2010, Acting Vice-Rector Academics 2011–2012 at the former National University of Rwanda. He was till April 2014 an Associate Professor in the College of Business and Economics at University of Rwanda. Besides teaching Development Economics, Poverty Analysis and Research Methodology at post-graduate level, he has researched, consulted and published in several fields of the social sciences including poverty analysis, human development, environment, land and land use, governance, post-conflict transitions including post-genocide, entrepreneurship, SMEs, value chains and agricultural development. He has led projects for the Government departments of Rwanda, UN organizations, World Bank, USAID, Nile Basin and ASARECA and has been a key resource person for UNDP in Rwanda. Before the current position, he was Vice President of OSSREA, member of Board of Institute of Policy Analysis and Research (IPAR) Rwanda, Coordinator of Rwanda African Technology Policy Studies Network, member of the Advisory Academic Council of the Global MDP coordinated from Columbia University and Focal Point of the UN Sustainable Development Solutions Network - Great Lakes. He still retains his seat as a non executive director on the Board of Equity Bank Rwanda, part of the regional Equity Group Holdings Ltd.

Introduction: Tracking Progresses and Challenges in the Implementation of the MDGs in Africa

Nicholas Awortwi

In September 2000, world leaders from 189 countries, including 147 Heads of State, gathered at the United Nations General Assembly to consider the challenges of the new millennium. They adopted a common Millennium Declaration, which set out a vision for inclusive and sustainable globalization (UN 2000 (A/RES/55/2)). The leaders pledged to work towards ensuring that conditions of extreme poverty are eradicated wherever they existed. The leaders acknowledged that whereas the primary responsibility of eradicating poverty lies with respective governments, together they could fight that scourge of humanity. To actualise this declaration, the UN proceeded to establish eight Millennium Development Goals (MDGs) to be achieved by 2015. The goals were:

- Goal 1: Eradicating extreme poverty and hunger
- Goal 2: Achieving universal primary education
- Goal 3: Promoting gender equality and empowering women
- Goal 4: Reducing child mortality rates
- Goal 5: Improving maternal health
- Goal 6: Combating HIV/AIDS, malaria, and other diseases
- Goal 7: Ensuring environmental sustainability and
- Goal 8: Developing a global partnership for development.

To track progresses in the implementation, the goals were broken down into 18 concrete targets and 48 indicators. Achievement of these goals by 2015 meant that the UN and world leaders would have kept to its declaration, bearing in mind that many of the UN declarations have not been implemented. Since the establishment of the MDGs, there have been many commentaries on their relevance, but as the years went by, the goals have turned out to be one of the most recognisable ideas that changed the world (Weiss, Jolly and Emmerij 2009). Without the MDGs, it is likely that the Millennium Declaration would have been shelved soon after its adoption. By articulating the complex challenges of the world into 8 goals, the MDGs have had unprecedented success in drawing international and national attention to the common enemy of our time: poverty and its various dimensions.

Poverty lies at the core of all the eight MDGs as it relates to school enrolment, health care, water provision, women's empowerment, child

mortality, environmental degradation, HIV infection, and global partnerships. Irrespective of varying opinions, the MDGs have clearly become useful international discourse on development. They have also in many ways influenced development budgets and affected the flow of international aid. Perhaps what remains to be fully assessed is the impact on developing countries or what would have happened had the MDGs not been implemented. The latter, perhaps, the world would not know.

The UN 2012 MDG report indicates that for the first time since records on poverty began, the number of people living in extreme poverty has fallen. The target of reducing by 50 per cent extreme poverty, defined as persons living on less than US\$1.25 a day, was reached five years ahead of the 2015 deadline. Not only that, the target of halving the proportion of people who lack dependable access to improved sources of drinking water has also been achieved (UN 2012; 2013). The world has achieved parity in primary education between girls and boys and a higher percentage of the world's children are enrolled in school at the primary level. The number of under-five deaths worldwide fell from more than 12 million in 1990 to 7.6 million in 2010. The share of urban residents living in slums in the developing world declined from 39 per cent in 2000 to 33 per cent in 2012.

These results represent a tremendous improvement in human development and a clear justification of the relevance of the approach embodied in the MDGs. However, projections also indicate that by 2015 more than 700 million people worldwide will still be using unimproved water sources; 2.5 billion people will lack access to improved sanitation facilities; and almost one billion people will be living on an income of less than \$1.25 per day. Mothers will continue to die needlessly in childbirth, and children will suffer and die from preventable diseases. Even as poverty has decreased, the World Hunger and Poverty (2012) indicates that about 13.6 per cent of the global population is undernourished. Ensuring that all children are able to complete primary education remains a fundamental, but unfulfilled, target that has an impact on all the other goals.

Furthermore, the use of developing countries' averages to depict progress masks persisting and increasing inequalities among and within countries in the developing world. There are increasing disparities between the rich and the poor, between rural populations or those living in slums and better off urban populations, and those disadvantaged by sex, age, disability and ethnicity (UN 2010 and 2012). In many countries, individuals and groups have been excluded from the benefits of development by reasons of their geographic location (remote areas) or ethnicity (often indigenous population and/or minorities).

Just like global outlook, in Africa, various reports show that many countries have made progress in achieving targets set in the MDGs. Extreme poverty has been reduced in Africa thanks to a decade of high economic growth, backed by poverty reduction strategies and programmes of redistribution like social protection (AU 2012). Africa has sustained progress towards

achieving many of the MDG targets. This includes universal primary education, gender parity in primary education, reduction in HIV infection, and participation of women in national politics.

Nevertheless, many of the targets set are unlikely to be achieved by 2015 for a number of reasons, including unclear implementation strategies, inadequate resources available to governments to implement programmes, unrealistic targets given the unevenness of the level where some countries started, unforeseen global crises arising from natural hazards and recurrent conflicts, and so on.

Given that there was no clear path in the implementation of the MDGs, each country designed its own institutional arrangements. In Africa, implementation of MDGs has involved multiple state and non-state actors both at the local and national levels. The implementation arrangements in many countries led to many governance challenges for the actors involved. While one would expect the state to be leading in the implementation and management of these global public goals, in many countries this was not the case. There emerged civil society actors that played key roles in complementing the roles of central and local governments.

During implementation of the MDGs, new challenges arose that were not factored into the design of the MDGs. Those include income inequality and geographical disparities in the sharing of the gains. These challenges seem to have affected negatively progress made in many of the MDGs. Tracking the progress of the MDGs has also become a major challenge in Africa as data and reliability of source of data are problematic. Without proper data, countries were unable to determine what sorts of interventions were most effective and where resources and efforts could have been better targeted. Another critical challenge during implementation of the MDGs was distraction from national priorities. Imposing one-size-fits all targets for countries irrespective of unevenness of starting points diverted some countries from focusing on national priority goals and targets. For instance, the goal of achieving universal primary education (UPE) took the steam away from countries that had secondary and higher education as their national priority. Kenya was a typical example. And given that donors anchored their financial assistance on UPE, many governments in Africa that could not mobilize their own revenue to implement priority programmes had to follow UPE.

Table 1 summarizes the progress made and some challenges encountered in the implementation of the first-seven MDGs in Africa. The eighth goal, ‘developing a global partnership for development’, is not presented in this table because none of the country studies focused on it.

Table 1. Tracking progress and challenges in the implementation of MDGs in Africa

<i>Goals and targets from the Millennium Declaration</i>	<i>Progress and current status</i>	<i>Challenges</i>
<u>MDG1</u>: Eradicate extreme poverty and hunger <u>Target 1a</u>: Halve the proportion of people whose income is less than \$1 a day <u>Target 1b</u>: Achieve full and productive employment and decent work for all, including women and young people	Extreme poverty (US\$1.25) has declined from 47% in 1990 to 40% in 2008. The rate of decline is extremely slow compared to SE Asia and Latin America. One in three people in sub-Saharan Africa live in hunger and undernourishment. It is unlikely that Africa will achieve its regional target of reducing extreme poverty to 29% by 2015. About 70% of the jobs in Africa are informal, with low incomes, low productivity and poor working conditions	The 5.3% average annual growth rates in Africa would need to increase to at least 7% in order to substantially reduce poverty by half by 2015. Persistent and increasing inequalities in Africa affect negatively the multiplier effect of the region's economic growth. The current economic growth in Africa does not create jobs. Growth is not inclusive The availability, frequency and quality of poverty data remain a challenge to effective intervention policies and programmes. Youth unemployment has become a major challenge to poverty reduction
<u>MDG2</u>: Achieving universal primary education (UPE). <u>Target</u>: Children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Net primary enrolment rate increased from 65 percent in 1999 to about 90% in 2012, but completion rate in some countries is below 70%. Despite remarkable progress, it is unlikely that the target of UPE will be achieved by 2015 The target of increasing adult literacy by 50% is also unlikely to be achieved by 2015.	Improving quality of UPE caused by poor facilities and inadequate qualified teachers, especially in the rural areas. The poorest children are most likely to be out of school and more girls drop out of school than boys Clear quality differences between public and private schools with the latter doing better.

<i>Goals and targets from the Millennium Declaration</i>	<i>Progress and current status</i>	<i>Challenges</i>
<u>Goal 3:</u> Promoting gender equality and empowering women <u>Target 3a:</u> Eliminate gender disparity in primary and secondary education in all levels of education <u>Target 3b:</u> Share of women in wage employment in the non-agriculture sector <u>Target 3c:</u> Proportion of seats held by women in national parliament	Good progress in gender parity at primary education (from 0.83 in 1990 to 0.93 in 2011, but substantial inequality still exists in secondary education, i.e., 0.76 to 0.83). Tertiary education is 0.63. It is unlikely that gender parity would be achieved in all levels of education by 2015 Women are overrepresented in vulnerable employment. Steady rise in proportion of seats held by women in parliament	Gender discrimination is entrenched in socio-cultural and political life and practices. The capacity of women to participate effectively in politics and decision-making needs improvement.
<u>Goal 4:</u> Reducing child mortality rates <u>Target:</u> Reduce by two-thirds, the under-five mortality rate	Reduction in infant mortality rate from 99 deaths per 1000 live births to 71 in 2010 Child mortality has dropped over a decade but not enough to meet the target set. One in nine children die before age five, more than 16 times the average for developed regions. Only Egypt and Tunisia have surpassed the target and 5 countries (Libya, Mauritius, Morocco, Seychelles and Madagascar) on track to achieve target.	Malnutrition, malaria, diarrhoea are the main causes of under-five deaths, showing the need to improve preventive services. Children in rural areas are disproportionately affected Expanding immunization coverage in countries with poor health infrastructure.
<u>Goal 5:</u> Improving maternal health <u>Target:</u> Reduce by three quarters the maternal mortality ratio	Maternal mortality ratio (MMR) declined from 850 per 100,000 live births between in 1990 to 500 in 2010. More countries recorded 50% reduction in maternal mortality ratio.	Improving health services and empowering women About 35% gap between urban and rural births with a skilled health attendant.

<i>Goals and targets from the Millennium Declaration</i>	<i>Progress and current status</i>	<i>Challenges</i>
	Proportion of births attended by skilled health personnel increased substantially. The MDG target cannot be met by 2015.	
<u>Goal 6:</u> Combating HIV/AIDS, malaria, and other diseases. <u>Target 6a:</u> Have halted by 2015 and begun to reverse the spread of HIV/AIDS <u>Target6b:</u> Achieve universal access to treatment for HIV/AIDS for all those who need it	New HIV infections fell by 25%. The number of people dying of AIDS-related causes fell to 1.9m in 2010 from 2.2m in 2000. From 2001 to 2010, HIV incidence among adult women declined from 0.72% to 0.49%. Mother-to-child transmission declined from 35% in 2001 to 26% in 2010 Malaria mortality has declined by 33% since 2000.	Heavy reliance on international funding puts the gains at risk Political support to universal access to anti-retroviral drugs
<u>Goal 7:</u> Ensuring environmental sustainability <u>Target 7a:</u> Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources Target 7b: Reduce biodiversity loss and the proportion of the population without sustainable access to safe drinking water and basic sanitation	Continuous and rapid loss of forest land. Carbon emissions are low and largely unchanged despite the fact that 16 countries recorded declines. The proportion of population using an improved drinking water sources has increased from 56% to 66%, but the increase is not enough to hit the target of 78% by 2015.	Political will, pressure to exploit natural resources to sustain current economic growth, and weak local governance institutions to protect natural resource use and management. High disparity of 30% points between urban and rural access to potable water supply.

<i>Goals and targets from the Millennium Declaration</i>	<i>Progress and current status</i>	<i>Challenges</i>
Target7c: Halve the proportion of the population without sustainable access to safe drinking water and basic sanitation.		

Various Sources: African MDG Report (2012); UN MDG Report (2012 and 2013)

Taking stock of countries' experiences provides evidence on progress and some of the specific challenges that may serve as inputs or lessons to be taken into consideration in the implementation of the Post-2015 agenda. The collection of studies in this volume present the experiences of eight countries in Africa, but which may also be relevant to others.

In Chapter One, Dhembba, Mushonga and Mugomeri assess the progress and challenges of eradicating extreme poverty and hunger, and combating HIV and AIDS, and Tuberculosis in Lesotho. Using data obtained from key informants from selected government ministries, NGOs and donor agencies as well as secondary sources, the study found that there is slow progress in reducing poverty and hunger, and in combating the spread of HIV and AIDS in the country. An underperforming economy and low food production are the key challenges that contribute to poverty and hunger.

In Chapter Two, Emmanuel Manyasa analyses the long-term implications of free primary education on income and welfare inequalities in Kenya. Using the basic logic of human capital theory and cross-sectional data analysis, Manyasa finds that free primary education (FPE) as currently implemented disadvantages children of the poor. Through social sorting in schools and the marriage market, it deepens income and welfare inequalities in the long-term. The chapter concludes that FPE is contrary to the national objective of education, which is to eradicate ignorance and build a cohesive, equitable society.

Molebatsi and Dipholo assess the implementation, achievement, experiences and challenges of universal primary education (UPE) in Botswana in Chapter Three. While the chapter attributes progress in UPE to economic growth, there are problems regarding consolidation of such progress. There is also a dire need to reflect on the qualitative aspect of the education being provided if the goal of UPE is to become a meaningful and worthy course.

What does it mean to implement global development agenda in fragile states? In Chapter Four, Mireille Rabenoro analyses the challenges of the implementation of universal primary education (MDG 2) and gender equality (MDG 3) in Madagascar. The chapter argues that given the

institutional weaknesses of the state, with political instability and policy inconsistencies, implementation of the MDGs and the quest to achieve targets on education and gender equality have become a mirage. Generally, the MDGs path has followed broken aspirations of the people and the state as a whole.

In Chapter Five, Elizabeth Msoka assesses the implementation, achievements, experiences and challenges of promoting gender equality and empowering women (MDG 3) and combating HIV/AIDS, malaria, and other diseases (MDG 6). Her study shows that as a result of the government strategy to increase women's access to education and the role that human rights activists have played in empowering women, Tanzania has made good progress towards achieving universal primary education. However, the country still has one of the lowest women enrolment rates for higher learning. Gender equality in employment is slow due to lack of comprehensive strategies that would shift women from agricultural to non-agricultural paid jobs. On the goal of combating HIV/AIDS, malaria and other diseases, the study points out the fact that Tanzania will not be able to achieve the targets by 2015.

In Chapter Six, Tapologo Maundeni uses feminist theory, the rights-based approach and social learning theory to analyse implementation of gender equality and women empowerment in Botswana. Maundeni shows that as part of the efforts to realize the MDG on gender equality and women's empowerment, Botswana set several national targets. These include: reducing gender disparity in all education; reducing gender disparity in access to and control of productive resources; reducing discrimination and violence against women, and the incidence of rape by 50 per cent by 2011; raising women's participation in leadership and decision-making positions by at least 60 per cent by 2015. The chapter shows that while statistically gender parity in education has been achieved, differences exist in relation to the choice of subjects/disciplines. Moderate progress has been made in women's access to and control of resources but minimal progress has been achieved in the areas of violence and women's participation in leadership and decision-making positions.

Chapter Seven by Ellen Bortei-Doku Aryeetey and George Domfe explores whether social intervention programmes implemented during the MDGs have contributed to female empowerment. Using data from three series of national surveys from 1999 to 2010 and applying linear and probit regression analysis, the chapter shows that there has been progress in the welfare of women during implementation of the MDGs, though women still lag behind men in welfare ranking. Factors such as acquisition of formal education and delay in marriages were found to correlate positively with the MDG indicators that are associated with gender improvement. The study recommends a pragmatic policy to deepen the current efforts of making education more accessible and attractive to women as a way of ensuring gender empowerment.

In Chapter Eight, Sorre Benard provides evidence on realization of MDG 5 in Kenya. Sorre's analyses show that despite the fact that the Government of Kenya has established various policies and strategic measures to improve maternal health, maternal mortality has remained high. He concludes that Kenya is unlikely to achieve the targets set in MDG 5 by 2015. The reason is that implementation of the strategic measures and policies to achieve those targets has been flawed. Implementation failed to take into consideration health-seeking behaviour of Kenyan women within the political economy context they live in.

In Chapter Nine, Narathius Asingwire analyses governance and management issues in rural safe water supply in Uganda. The chapter shows that attempts by the government to improve access to rural water supply have resulted in the development of new institutional arrangements involving multiple state and non-state actors. These new arrangements have shifted efforts towards rural water provision from government to governance. However, this effort has not resulted in any appreciable improvement in rural water provision. As a result the national and MDG targets for safe rural water for 2015 are very unlikely to be achieved. The paper concludes that the challenge in ensuring increased access to safe water could be largely attributed to difficulties that various actors in the institutional framework face in playing their designated roles.

In Chapter Ten, Pugalis, Giddings and Anyigor analyse the progress that Nigeria is making in alleviating slum conditions. Based on the findings of the study, the chapter recommends slum alleviation strategies that would not only focus on physical and environmental interventions but also provide social and economic support. The paper develops multidimensional framework for improving the living conditions of slum dwellers that could be used to improve slum conditions in future programmes.

In just a year's time the World will take final stock of the achievements of the MDGs, but already discussions are on-going about defining the contents and corresponding targets and measuring indicators of what will replace the MDGs in Post-2015. There is a strong indication that the future global agenda would build on the strengths of the implementation of MDGs while at the same time meeting emerging development challenges like climate change, urbanisation and terrorism. The ten chapters presented in this volume provide important lessons on how the MDGs were implemented in the respective countries, the results and challenges, and suggestions on moving into Post-2015. Readers will find some of the country experiences fascinating and at the same time mind-boggling. What the chapters have in common is the complexity of operationalising global goals in a resource-constrained environment.

The anthology winds up with concluding notes by Herman Musahara.

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1

Progress and Challenges in Eradicating Extreme Poverty and Hunger and Combating HIV/AIDS and Other Diseases in Lesotho

Jotham Dhemba, Simbai Mushonga and Eltony Mugomeri

Abstract

The goals of reducing poverty and hunger, and HIV and AIDS are major challenges in Lesotho. This study assessed the progress and challenges in achieving these goals by 2015 using data obtained from key informants from selected government ministries, NGOs and donor agencies as well as secondary sources. The study found that there is slow progress in reducing poverty and hunger, and combating the spread of HIV and AIDS. An under-performing economy and low food production contributes to poverty and hunger. At the same time, the unrelenting HIV incidence rate is behind the high prevalence rate of HIV in Lesotho.

Keywords: Lesotho, Poverty, social protection, HIV and AIDS, Millennium Development Goals

1. Introduction

Lesotho is a small landlocked country situated in southern Africa with a territory of about 30,000 square kilometres and a population of 1,880,661 (Lesotho Bureau of Statistics— BOS 2007). The Government of Lesotho (GoL) (2012a) also points out that 77 per cent and 23 per cent of Lesotho population live in rural and urban areas, respectively. The country occupies a very peculiar position as it is completely encircled by South Africa. It is on this basis that Chandra and Kolavalli (2005) observe that because of its geographical location and small size, Lesotho's growth prospects are strongly influenced by its links to South Africa. The food security situation in the country is also compounded by the fact that about 80 per cent of the country is mountainous and only about 10 per cent of the land is arable.

GoL (2012a) states that Lesotho is still a least developed country with a per capita income of US\$1000. The United Nations (2009) also notes that Lesotho is a very poor country as 40 per cent of its population is living

below the “official” poverty line of US\$1.25 per day. This is consistent with the UNDP’s (2007, 44) observation that “one in two in sub-Saharan Africa is in the poorest 20 per cent.”

High level of inequality is a contributory factor to the pervasiveness of poverty in Lesotho. Bello *et al.* (2008) point out that Lesotho’s Gini-coefficient in 2003 was estimated to be 0.52 which is one of the highest in the world. Unemployment is also a major cause of poverty in Lesotho as elsewhere in most developing countries. The GoL (2013) asserts that only 25.3 per cent of the total labour force in Lesotho was in full time employment in 2011.

The combination of an underperforming economy, high levels of poverty and Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV and AIDS) have arrested socio-economic development in Lesotho. It is against this backdrop that Lesotho adopted a raft of measures to address the problems of poverty, hunger, HIV/AIDS, and tuberculosis. These include, *inter alia*, the adoption of the National Strategic Development Plan (NSDP) 2012/13–2016/17 and the National HIV and AIDS policy in 2006.

This study aims to assess performance in achieving Millennium Development Goal (MDG) 1 on reducing poverty and hunger and MDG 6 on HIV and AIDS as outlined in the Millennium Declaration of September 2010. This is not only because they are inter-related but as Mabala (2006) notes, “Poverty is the cause of all the other factors contributing to the spread of HIV and AIDS.” Furthermore, considering that these issues are inter-related and that they require synchronized interventions, it was deemed necessary to cover the two MDGs in this paper. The aim of this study are : to assess the progress and challenges in reducing poverty and hunger; combating the spread of HIV and AIDS as well as tuberculosis in Lesotho; and to examine strategies put in place by the Government of Lesotho and other stakeholders to address issues of poverty and hunger; HIV and AIDS as well as tuberculosis.

The study has gathered information through interviews from respondents selected purposively from policy makers and implementers in the ministries of Social Development (Monitoring and Evaluation Unit), Development Planning, Labour and Agriculture as well as international agencies in Lesotho, namely, Global Fund, UNAIDS, WHO and PEPFAR. It also consulted secondary sources of information such as relevant policy documents and research reports.

2. An Overview of Poverty and Hunger, HIV and AIDS, and Tuberculosis

The United Nations Food and Agriculture Organization (FAO) (2012) estimates that nearly 870 million people of the 7.1 billion people in the world, or one in eight, were suffering from chronic undernourishment in

2010-2012. In addition, almost all the hungry people, about 852 million, live in developing or underdeveloped countries while only 16 million undernourished people are found in developed countries.

The UNDP quoted in Kaseke (2009, 38) also reveals that in 2002, “The percentage of people living below the national poverty line in the Southern African Development Community (SADC) member states ranged from 10.6 per cent in Mauritius to 25 per cent in Zimbabwe, 40 per cent in Swaziland, 41.6 per cent in Tanzania, 49.2 per cent in Lesotho, 54 per cent in Malawi and 86 per cent in Zambia.” Furthermore, UNDP (2007a, 44) observes that, “One in two in sub-Saharan Africa is in the poorest 20 per cent.”

However, UNDP (2013) contends that while Africa is the world’s second fastest growing region, its rate of poverty reduction is insufficient to reach the target of halving extreme poverty by 2015. The report reveals that climate-related shocks manifested by extreme weather conditions have destroyed livelihoods and exacerbated Africa’s food insecurity, resulting in a high incidence of underweight children, widespread hunger and poor dietary consumption patterns. The gravity of the malnutrition problem in Africa is highlighted by Bigman (2011), who notes that, “Sub-Saharan Africa has the highest rate of undernourishment in the world, with one-third of the population below the minimum level of nourishment”.

While the gross domestic product (GDP) of Lesotho has grown at a real annual average rate of 4.0 per cent between 1982/83 and 2010/11, this has not resulted in a decrease in poverty because many of the gains have been offset by falling remittances from Basotho mine workers in South Africa (GoL 2012a). According to it, the fall in the number of mineworkers from approximately 120,000 in the 1980s to less than 50,000 in 2012 has resulted in a much smaller proportion of households receiving income from abroad. The UNDP (2007b) also observes that attempts to exploit mineral deposits, including diamonds, uranium, base metals, high quality stone and clay that are known to exist in the country have been limited due to lack of foreign direct investment. Furthermore, Lesotho is failing to produce enough food to meet domestic demand and as a result, its larger proportion of the rural population is trapped in poverty, worsened by high rates of unemployment and rising commodity prices (GoL 2012a).

It is perhaps on this basis that the Government of Lesotho (2013) contends that its biggest challenge is reducing poverty, hunger and income inequality.

According to UN (2013), 34 million people were living with HIV across the world at the end of 2011. It also notes that the peaks of HIV incidence rate and death rate were reached in 1997 and 2005, respectively. The incidence rate decreased by 21 per cent between 2001 and 2011 (UN 2013). Overall, developing nations continue to have twice the incidence rate of HIV compared to the developed countries presumably due to

differences in knowledge about safe sex. In Africa, sub-Saharan Africa continues to trail behind in halting the spread of HIV (UN 2009; UN 2013). According to the UN (2013), prevalence remains lower in North Africa than in sub-Saharan Africa. Of the estimated 2.5 million people who were infected with HIV in 2011, 1.8 million were from sub-Saharan Africa.

The most successful region in combating the spread of HIV is the Caribbean which managed to reduce the incidence rate by 43 per cent between 2001 and 2011 (UN 2013). However, unprotected sex continues to be the leading mode of transmission of HIV. As the UN (2013) observes, the knowledge of safe sex among the youth is surprisingly low, even in the worst-affected regions such as sub-Saharan Africa. The UN (2013) estimates that it has taken a decade to raise the knowledge levels of the youth by about 5 per cent.

In developing countries, the incidence rate has not been declining significantly and as the UN (2013) points out, the number of HIV positive patients receiving antiretroviral (ARV) drugs had reached 8 million. This number is expected to rise to 15 million by 2015. Consequently, the demand for antiretroviral drugs will continue to increase together with the costs of monitoring patients. As of 2011, only about half (55 per cent) of the 14.4 million people in developing countries were receiving ARVs (UN 2013). Furthermore, only 28 per cent of all eligible children under the age of 15 were receiving ARVs. Universal access to ARVs poses a huge challenge due to changes in recommendations to higher CD4 thresholds and inclusion of all positive pregnant women, hepatitis B positive as well as all discordant couples for better clinical benefits (WHO 2012). As of 2011, only 5 countries in sub-Saharan Africa, namely, Botswana, Namibia, Rwanda, Swaziland and Zambia were able to provide ARVs to at least 80 per cent of the eligible people. Botswana, Namibia and Rwanda were the leading countries in terms of antiretroviral therapy (ART) coverage (WHO 2012).

According to the UN (2013), tuberculosis continues to be the leading cause of death among HIV positive patients. Global efforts to halt the spread of tuberculosis seem to be on course but multi-drug resistant forms of tuberculosis and HIV-positive people who are unaware of their HIV status may be threatening the progress made so far. In 2010, 87 per cent of tuberculosis patients globally, were successfully treated using the Stop TB Strategy which was launched in 2006 as a successor to the Directly Observed Treatment Short Course (DOTS) strategy (1995–2005).

The goal of providing ARVs to all who need them in Lesotho is a daunting task given the economic challenges facing the country. In 2011, the total annual expenditure on HIV/AIDS in Lesotho was 12.6 per cent of the national budget (GoL 2012b).

3. Progress Made in Reducing Poverty and Hunger in Lesotho

It is clear from the above that there is endemic poverty in Lesotho. This is probably the reason why Bello *et al.* (2008) contend that one of the greatest problems facing sub-Saharan African countries, including Lesotho, is the chronic state of poverty. The GoL (2013b) statistics (Table 1) shows the extent of poverty in the country.

Table 1. Proportion of people living below the national poverty line

Indicators	1995	2003	2011	2015 target
Proportion of people below the national poverty line (per cent)	66.61	56.61	57.3	29
Poverty gap index (per cent)	37.85	28.97	28.7	17
GINI index	0.57	0.52	0.53	

SOURCE: Government of Lesotho (2013, 4).

Notwithstanding the reduction in the proportion of people below the national poverty line between 1995 and 2003, the increase from 56.61 per cent in 2003 to 57.3 per cent in 2011 is indicative of slow progress in addressing the problem of poverty in Lesotho.

As mentioned elsewhere, unemployment is also a major cause of poverty in most developing countries, Lesotho included. Unemployment in Lesotho remains high. Although levels of unemployment fell from about 34 per cent in 1997 to about 24 per cent in 2003 (see Figure 1), unemployment remained at about 25 per cent up to 2011. This is also indicative of slow progress in creating employment as a strategy for addressing poverty.

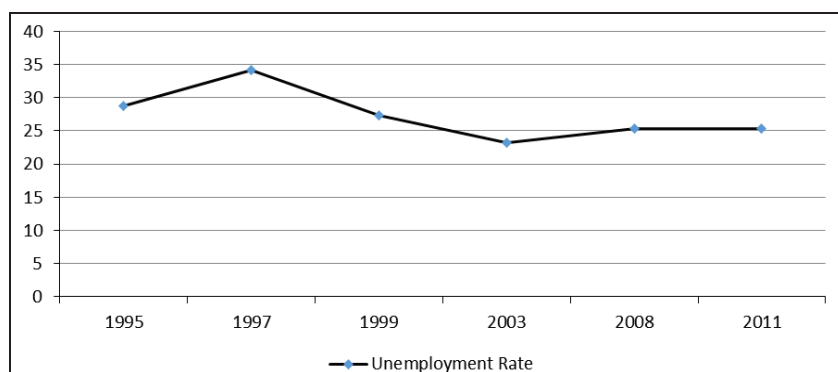


Figure 1: Unemployment rate from 1995 to 2011 in Lesotho

SOURCE: HBS (2003), Census (2006), ILFS (2008), LDS (2011), quoted in GOL (2013b)

Food insecurity is also a contributory factor to hunger and poverty in Lesotho. As shown in Figure 2, although the proportion of the population requiring food assistance in Lesotho has been fluctuating since 2006, there was a sharp increase in the number of people facing hunger between 2011 and 2013. Between 2011 and 2013, the percentage of the population in the country that required food assistance trebled.

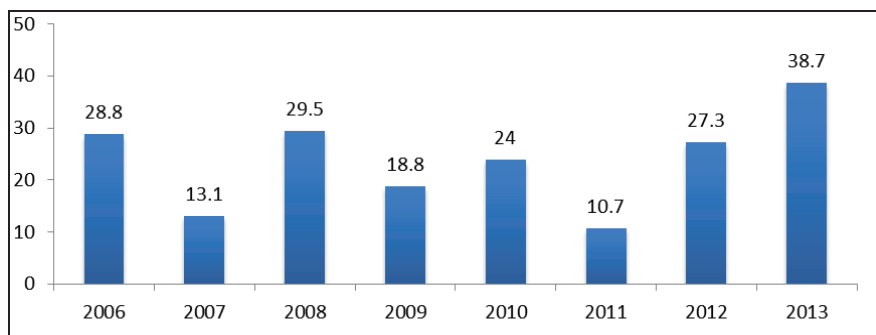


Figure 2: Proportion of people requiring food assistance in Lesotho (%)

SOURCE: USAID FFP-OFDA (2012) cited in G.O.L (2013b, 6)

Malnutrition and stunting are also important indicators of hunger. In the case of Lesotho, chronic malnutrition has been decreasing whilst stunting among children has remained unacceptably high. The percentage of underweight children declined from 19.8 per cent in 2004 to 13.2 per cent in 2009 whilst stunting increased from 38.2 per cent in 2004 to 39.2 per cent in 2009 (GoL 2013b). This decrease in the number of children who are underweight has been attributed to the implementation of government programmes such as food security and nutrition interventions including supplementary feeding for children.

Realising that the eradication of poverty and hunger require a multi-pronged approach, the Government of Lesotho adopted a raft of measures to address these problems. These include, but are not limited to, the expansion of opportunities for employment and the adoption of social protection programmes.

3.1 Intervention Programmes on Poverty and Hunger in Lesotho

3.1.1 Economic Development and Food Security

The government of Lesotho adopted an ambitious but very comprehensive National Strategic Development Plan (NSDP) of 2012 – 2017 which emphasises both economic and social goals in order to reduce poverty and hunger and at the same time realising sustainable development. With sustainable economic growth, it is hoped that this will translate into sustained employment opportunities. The NSP intended to create 10,000

jobs annually between 2012 and 2017 (GoL, 2013a). However, by 2014 data on the number of jobs created was not available, which makes it difficult to assess progress in achieving the set target.

The GoL (2012a, 8) states that the long-term economic growth rate required to reduce levels of poverty and unemployment is at least 5 per cent. However, the official from the Ministry of Development Planning (Interview 2013) stressed that the economy needed to grow by at least 7 per cent if there was to be a significant impact on poverty and unemployment. The official also pointed out that in 2013 the economy only grew by 3 per cent, which was below the target. This also shows a more sluggish growth in the economy compared to the average annual growth of 4.0 per cent experienced between 1982 and 2011 (GoL 2012a).

Furthermore, realising that the agricultural sector is one of the critical sectors for reducing poverty and hunger and for creating employment especially in rural areas, the government set out to improve access to finance for farmers and to promote the production of high value crops and livestock products. The National Strategic Plan also emphasises the government's commitment to develop water harvesting infrastructure in order to increase irrigation capacity and to reduce the country's dependence on rain-fed agriculture.

The official from the Ministry of Development Planning (Interview 2013) attributed the lack of significant progress in the growth of the economy and employment creation to failure to attract foreign direct investment, global recession and the country's dependence on the Chinese textile and garment factories for employment. She also lamented that it was unfortunate that some of the Chinese firms were closing down due to viability problems. This is also corroborated by Hassan (2002) who asserts that Lesotho's economy is based on limited agricultural and pastoral production and light manufacturing (textile, clothing and leather) which is supplemented by declining remittances from Basotho miners in South Africa.

An Official from the Department of Planning and Policy Analysis (Ministry of Agriculture) (Interview 2013) also pointed out that the government adopted a food security policy meant to improve food production. The food security policy provides for subsidies to help farmers with inputs such as fertilizers, seeds and farming implements. According to the same official, this programme has had a positive impact on some crop varieties such as peas, wheat, maize, and beans. Alongside the subsidies, government also supports the "Block farming" which the official from the Ministry credited for helping farmers to increase their production. The official also pointed out that the World Bank, Food and Agricultural Organisation (FAO), International Fund for Agricultural Development (IFAD) and the Global Fund are some of their implementing partners who provide seeds and farming implements to farmers.

However, in spite of some progress in the establishment of infrastructure support systems and policies to enhance food security in the country, Lesotho faces numerous challenges in this regard. Chief among these is the shortage of arable land. The UNDP (1994) asserts that only about 9 per cent of the country's land area is arable while 66 per cent is pasture land. UNDP (1994, 16) further points out that "arable land per household is not only low (0.85 hectares in 1982) but it has been following a downward trend and this is projected into the future as well. This continued decline in per capita arable land leads to landlessness and, as UNDP (1994, 16) observes, "The proportion of rural households without land rose from 27 per cent in 1986 to 29 per cent in 1992." About two decades down the line, landlessness in Lesotho can be said to be much worse. Therefore, it can be argued that poverty in Lesotho is worsening, among other things, as a result of increasing landlessness in the country.

The key informant from the Ministry of Agriculture (Interview 2013) also confirmed that landlessness is a contributing factor to increasing hunger and poverty in the country. Periodic droughts associated with climate change and global warming were also cited as challenges in efforts to promote food security in the country. The lack of irrigation infrastructure throughout the country in order to arrest the worsening food situation in the country is also a challenge in addressing food insecurity. In this regard, the official from the Ministry of Agriculture (Interview 2013) was emphatic that irrigation is "the panacea for food insecurity in Lesotho." However, the official decried the lack of progress in this regard due to insufficient resources allocated for this purpose. Dependence on South Africa for the supply of maize and other seeds was also cited as a big challenge due to late deliveries because of logistical problems. This compromised the ability of farmers to plan and plant on time. Furthermore, the distribution of the subsidized inputs did not also cover some parts of the country due to problems of their inaccessibility.

3.1.2 Social Protection Measures

The government of Lesotho also adopted social protection measures to address the problem of poverty and hunger. According to the AU (quoted in Taylor 2008), social protection refers to a "package of policies and programmes with the aim of reducing poverty and vulnerability of large segments of the population."

According to the report by the Ministry of Social Development (2014), the existing social protection programmes in Lesotho include public assistance, universal old age pension, child grants, school feeding programme, and orphans and vulnerable children (OVC) support. Other programmes are the nutrition support programme, agricultural input programme, fertilizer and input subsidies for poor households, free primary education and health. The public assistance programme which is administered by the Ministry of Social Development provides for means-tested financial assistance and benefits in kind to the poor and destitute. Benefits in kind include clothing,

food handouts, free medical treatment orders at public referral hospitals and assistive devices and vocational training for people with disabilities.

According to officials from the Monitoring and Evaluation Unit (2013), the number of destitute applicants who qualified for public assistance was 12,500. It was also pointed out that public assistance cash allowance was increased to M250 (about US\$25 a month) beginning from 2013, up from M100 (US\$10) in the previous year.

The Ministry of Social Development also assisted 11,000 households with OVCs in 2013. Households with 1 to 2 OVCs received M300 (US\$30) per quarter whilst households with 3 to 4 OVCs received M600 (US\$60). Households with more than 5 OVCs got M750 (US\$75). The total number of OVCs who received child grants in the poor households was 19,800 against a target of 25,000 in 2013. However, this figure was said to have gone down from an all-time high of 22,000 in 2011. The key informants from the Monitoring and Evaluation Unit (Interview 2013) indicated that the reduction in the number of children getting assistance was due to financial constraints. The challenges are compounded by the lack of a comprehensive database of the poor particularly the OVCs. The officials from the Monitoring and Evaluation Unit estimated that as many as 125,000 children in Lesotho needed assistance but only about 16 per cent were assisted.

Furthermore, according to the Ministry of Social Development (2014), 18,600 poor households also received agricultural inputs and implements as part of public assistance programme. In addition, the government also provided 20,000 bursaries for OVCs in high school in 2013. Although there were no data provided, the World Bank (WB) was also reported to be assisting in the training of auxiliary social workers in order to strengthen the delivery of social services by the Ministry of Social Development.

However, notwithstanding that the public assistance programme is making a contribution to the alleviation of poverty and hunger in Lesotho, its effectiveness is compromised by the means-test which is applied to determine eligibility for assistance. As a result, some potential beneficiaries fail to meet the test and are therefore excluded from benefiting. This is probably because, as Nyanguru (2007) observes, the budgetary allocation for public assistance in Lesotho has not been adequate to cover all applicants due to the perennial underfunding of the public assistance programme. Furthermore, the amount of public assistance (US\$25 per quarter) is below the United Nations poverty line of US\$1.25 a day and cannot therefore be expected to enable recipients to leap out of poverty.

Lesotho also provides free health and primary education to enable the poor to access these services. Following the introduction of free primary education in the year 2000, the net enrolment ratio rose from 60.2 per cent in 1999 to 82 per cent in 2000 (GoL 2013b). The total enrolment ratio continued on an upward trend reaching a peak (85 per cent) in 2003.

However, in spite of marginal declines to 81.8 per cent in 2010 and 81.1 in 2012, the total enrolment ratio has been sustained above 80 per cent indicating improved access to primary education by children from poor households. This is probably the reason why the GoL (2013b) states that Lesotho is on track to achieving universal primary education by the year 2015.

According to the IRIN (2011), the abolishment of user fees at health centre level contributed to improved access to health services by the poor in Lesotho. However, UNV Medical Doctors Lesotho (2007) also observe that the main challenges facing the health delivery system are drug shortages and poor staffing. For example, in 2005, the doctor to population ratio was 1:16,298 while the nurse to population ratio was 1:2,226 (UNV Medical Doctors Lesotho 2007) indicating that there is still a limited access to health by the poor.

Lesotho faces numerous challenges in trying to address the problems of hunger and poverty. In addition to inadequate resources, the dependency on donors for the implementation of social protection measures was also said to be a cause for concern. In this regard the Monitoring and Evaluation Unit expressed apprehension on the capacity of the Ministry to sustain social protection measures initiated by development partners who were now scaling down support of the same. Furthermore, Nyanguru (2007) observes that the shortage of social workers in the Ministry of Social Development also compromised the delivery of social services in Lesotho.

Another programme adopted by the government of Lesotho is that of social grants for older persons provided for under the Old Age Pensions Act of 2004. The scheme, which is non-contributory and therefore financed from public revenue, caters for universal social pensions for older persons aged 70 years or above. According to the Monitoring and Evaluation Unit the old age pension per month was raised from M300 (US\$30) to M450 (US\$45) at the beginning of 2013. In the 2014/2015 national budget, the amount was further raised to M500 (US\$50).

Nyanguru (2007) observes that old age pension leads to recipients feeling satisfied with their lives. On the same note, HelpAge International (2000) points out that available evidence from developing countries operating social pensions shows that social pensions have a positive impact on individual poverty. Tsuinyane (2012) also corroborates this position arguing that the old pension scheme in Lesotho has reduced the number of institutionalised destitute older persons. However, in spite of its contribution towards reducing poverty and hunger among the elderly, the exclusion of those aged 60 to 69 which is recognised by the United Nations as the onset of old age is a major limitation of this scheme.

3.2 Progresses and Challenges in Combating HIV/AIDS and Tuberculosis in Lesotho

In spite of existing prevention and treatment programmes, Lesotho remains among the top three countries with the highest HIV prevalence in the world. The incidence of HIV in Lesotho also remains high. According to GoL (2013), the prevalence rate among adults aged 15 – 49 is estimated at 23 per cent (see Figure 3A). The prevalence of HIV disease has remained high since 2000 (Figure 3B).

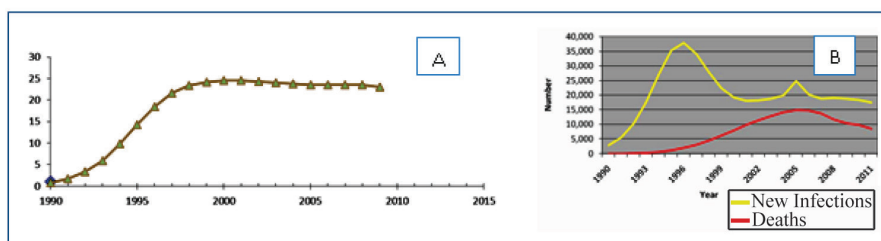


Figure 3: HIV prevalence trend (1990-2015) among 15 to 49 age group (3A), and AIDS deaths/ annual new infections trend (3B) (1990-2011).

SOURCES: GoL (2013b) and GoL (2012b)

The incidence rate of HIV in 2012 also shows a trend which is not slowing down (see Figure 3B). Since 2000, the incidence rate has remained above 15,000 new infections per year. According to officials at the President's Emergency Programme for AIDS Relief (PEPFAR) (2013), the incidence slope is not in the right direction as, "currently there are about 20,000 infections per year". The incidence slope, which has not changed significantly since 2,000, is indicative of the fact that the country is making slow progress in efforts to halt and reverse the spread of HIV.

According to the Ministry of Health (MoH) (2011), the overall HIV prevalence among antenatal care (ANC) clients declined from 27.7 per cent in 2009 to 24.3 per cent in 2011. The slight decline in the number of HIV positive mothers between 2009 and 2011 was attributed to the expansion of the elimination of mother to child transmission (eMTCT) programme to all the districts of Lesotho. For example, eMTCT coverage in Lesotho increased from 51.1 per cent in 2001 to 59.2 per cent in 2012 (GoL 2013c).

The number of people on antiretroviral treatment (ARV) has been increasing steadily since 2004. In 2011, only 58 per cent of adults (Table 2) and 22 per cent children in need of treatment were receiving ART (G.O.L, 2012b).

Table 2. Access to treatment for HIV/AIDS for all those who need it

Indicators	2004	2005	2007	2009	2010	2011	2012	2015 target
Adult Antiretroviral coverage (%)	4	16	24	48	59	58	59	80
Child Antiretroviral coverage (%)		1	11	24	19	22	24	80

SOURCE: GoL (2013b)

The number of adults accessing ARVs increased from 4,678 in 2005 to 93,553 in 2012 (GoL 2013b). However, according to UNAIDS official (2013), “about 140,000 require ARVs if the target of covering 80 per cent of the population requiring treatment is to be realised by 2015”. This shows that Lesotho still needs to do more to improve access to ARVs.

The percentage coverage of children on ARVs (Table 2) increased by only 2 per cent between 2011 (22 per cent) and 2012 (24 per cent). Whilst the target to reach 80 per cent coverage among adults looks achievable by 2015, the target for children is unlikely to be met unless more resources and efforts are put towards that goal. Unconfirmed reports show that some children who are HIV positive are denied access to treatment by their parents or guardians who do not take them to hospital fearing that their own status would be revealed. Access to treatment among children is dependent on the willingness of the parents or guardian. This goes to show that there is need for HIV/AIDS programmes in Lesotho to improve the level of awareness among the general population, including parents and guardians who have HIV positive children.

Tuberculosis (TB) is also a major challenge in Lesotho particularly among people co-infected by TB and HIV. This has implications for the cost of treatment of both HIV and TB, which tends to be high among the co-infected people.

According to GoL (2012b), the prevalence of TB per 100,000 population rose from 249 in 1990 to 513 in 2008 and declined to 411 in 2011 (Table 3). Progress has been made regarding treatment of TB cases considering that the proportion of TB cases that have been successfully treated has increased from 47 per cent in 1995 to 74 per cent in 2011 (see Table 3). Moreover, the GoL (2012b) points out that the target of 85 per cent successful treatment of TB cases is likely to be achieved by 2015. However, the number of deaths due to TB as measured by TB deaths per 100,000 of population has increased from 83 deaths to 91 between 2007 and 2008, probably due to multi-drug resistant cases of TB. Considering the progress made to date, GoL (2013b) contends that achieving the target of prevalence rate of 300 cases per 100,000 people by 2015 is unlikely to be met.

Table 3. Progress on prevalence and treatment of tuberculosis

Indicators	(1990) Baseline	2007	2008	2009	2010	2011	2015 target
TB Prevalence/100,000 population	249	421	513	410	408	411	300
TB Deaths/100,000 population	31	83	91	90	85	94	-
Proportion of tuberculosis cases detected and cured (success rate per cent)	47 (1995)	67.9	74	70	69	74	85

SOURCE: GoL (2013b)

3.3 HIV/AIDS and Tuberculosis Intervention Programmes

The following programmes were put in place to reverse the spread of HIV and tuberculosis.

A. Social and behaviour change

One of the major contributing factors to the high incidence rate of HIV in Lesotho is slow progress towards behavioural change. The GoL (2012b) notes that knowledge about safe sex, which is one of the commonly used indicators of behavioural change, is not increasing at the desired rate. For example, between 2004 and 2009, comprehensive knowledge among young females and men aged 15 to 24 increased by 12.8 per cent to 38.6 per cent and 10.3 per cent to 28.7 per cent, respectively.

According to the WHO official (2013), “cultural practices where some men get involved in multiple concurrent sexual relationships and extra-marital affairs without condom use are the major driver of HIV infections in Lesotho.” The GoL (2012b) also corroborates this position reiterating that cultural practices are a major contributing factor to high incidence of HIV in Lesotho. It also reports that 28.7 per cent of married men indicated that having sex outside marriage was acceptable. According to NAC (2009), for men, having different concurrent partners was a measure of masculinity and sexual virility. For women, having different partners provided them with a way of gaining assistance with important social or economic needs.

Alcohol consumption has also been associated with the higher prevalence of HIV in Lesotho. The GoL (2009) states that HIV prevalence for men consuming alcohol was slightly higher (23 per cent) than those who do not (16 per cent) take alcohol.

In trying to promote social and behavioural change, the GoL (2013c) notes that the Government adopted social and behavioural change

communication programmes (SBCC). The SBCC programmes include information dissemination, education on HIV/AIDS in all schools, universities and colleges. The GoL (2013c) further notes that the SBCC targets community leaders as a way of addressing social norms and practices such as wife inheritance, beliefs and values that expose people to HIV/AIDS. The SBCC also seeks to promote abstinence, and provide life skills for the youth.

There are a number of challenges for the social and behavioural change programmes in Lesotho. The age at first sexual activity in Lesotho is too low. According to GoL (2012b), 47 per cent of young women and 62.7 per cent of young men report that they were sexually active before the age of 18 years. Another challenge is intergenerational sex which is also a driver of HIV/AIDS. The GoL (2012b) further notes that 7.2 per cent of young girls and 0.3 per cent of boys aged between 15 and 19 years reported sexual contact with a partner older than them by 10 years.

B. Condom use

Consistent and correct condom use as well as easy access to condoms is an effective way of reducing the transmission of HIV. The PEPFAR official (2013) indicated that condom use in Lesotho is lower than expected. GoL (2009) also notes that only 37.5 per cent of women and 50.5 per cent of men who had at least two sexual partners reported using condoms during the last sexual encounter. It further points out that condom coverage is poorer in the rural areas (33 per cent) than in urban areas (69 per cent). According to GoL (2009), only 37.5 per cent of females and 50.5 per cent of males of those reporting multiple sexual contacts reported using condoms.

According to Global Fund, WHO, UNAIDS and PEPFAR officials, HIV prevention programmes aimed at, *inter alia*, improving condom promotion and distribution, condoms are also sold on a not-for-profit basis, as well as on profit basis through private retailers. Special condom outlets have been established by the NSP targeting key populations such as sex workers. PEPFAR (2013) noted that there are shortages of condoms mainly in rural areas as a result of poor distribution. Furthermore, according to GoL (2012b), female condom use remains very low despite promotion efforts. GoL also notes that gender inequality remains a major barrier to negotiated use of male and female condoms.

C. Male circumcision

Another strategy for preventing HIV infections in Lesotho is male circumcision. Key informants covered in the study stated that they were supportive of the male circumcision programme because of its potential to reduce the rate of HIV infections. According to a UNAIDS official (2013), about 50,000 young men have been circumcised since 2013 against a target of 300,000 by 2015.

There is need to note that traditional circumcision is more common than medical circumcision in Lesotho. However, the GoL (2013) reports that it is less effective in preventing HIV infection. However, GoL (2013) also reported that only 17.7 per cent of the 52 per cent circumcised men were circumcised under medical circumcision. The medical circumcision programme was introduced in all government hospitals, most church supported hospitals and some private hospitals in 2013. However, the GoL (2013) notes that the health system in Lesotho is inadequately prepared to meet the demand for medical circumcision as the number of males demanding circumcision increases.

The Government has resolved to intensify information dissemination to promote medical circumcision. According to GoL (2013c), community leaders are the main targets under this strategy. The other strategy is to complement government efforts by out-sourcing medical circumcision to accredited private organisations. This is intended to cover the shortage of human resources in the public health sector. At the same time, the NSP also spells out the plan to integrate male circumcision with condom provision, HIV testing and counselling, STI diagnosis as well as social and behavioural change.

According to GoL (2013c), the major challenge facing circumcision programmes is addressing the social norms that seem to prefer traditional circumcision to medical circumcision. The other challenge is that only medical doctors are allowed to carry out medical circumcisions in Lesotho and therefore with the human resource shortage being experienced in the health care sector, it is difficult to meet the demand for medical circumcision. According to PEPFAR (2013), there is also an urgent need to disseminate information addressing the misconception among the youth that circumcision protects males from getting infected by HIV.

D. HIV testing and counselling

Knowledge of status especially among the youth is an effective way of preventing new HIV infection. The GoL (2013c) observes that there is inadequate targeting of groups at risk of contracting HIV infection due to financial and human resource constraints. According to the UNAIDS official (2013), "Only a small proportion of people especially men in Lesotho know their status". One of the reasons why men are not comfortable with getting tested could be the fear of having positive results for HIV. This is supported by the GoL (2013c) which estimates that two thirds of people living with HIV do not know their HIV status. It also states that by 2009, only 42 per cent and 24 per cent of women and men aged 15 to 49 respectively knew their HIV status.

In 2009, 92.6 per cent of adult females and 80.6 per cent of adult men indicated that they knew where to obtain HIV testing (GoL 2013c). For youth aged between 15 and 24, 89 per cent of females and 73.7 per cent of males respectively knew where to get tested. Only 50 per cent of sexually

active young females and 20 per cent of sexually active young males underwent HIV testing and counselling (HTC) and received their results in 2009.

However, according to officials from PEPFAR (Interview, 2013), “there is lack of follow-up and retention of people tested for HIV. The officials also noted that investment in HTC should be complemented by investments in programmes that ensure retention of individuals who test positive for HIV at HTC centres. The HCT programme was however criticised by the key informants for inadequately targeting key populations at risk of contracting HIV. They also indicated that the absence of one-stop testing and treatment centres discouraged people from seeking HTC.

Although the GoL, (2013c) does not provide actual data on the number of counsellors, it highlights that the supply of HTC services continue to trail behind the demand for the service. It reveals that the number of HTC counsellors went down between 2009 and 2013 thereby compromising the uptake of HTC in the country. Furthermore, according to the official at UNAIDS (2013), “There are frequent shortages of test kits.” Test kits and CD4 count reagents have often run out resulting in compromised HTC and treatment. The stocking out seemed to be a result of poor supply management. On this basis, the UNAIDS official in Lesotho (interview 2013) suggested that the country probably needed one organisation responsible for coordinating procurement of both test kits and ARVs.

According to GoL (2013c), targeted HTC for key populations such as sex workers, men who have sex with men and discordant couples has not been as effective as expected. Overall, there is poor uptake of HTC by men. The uptake is estimated at 24 per cent in 2009. The NSP has also noted that there are no specific programmes targeting individuals who test negative for HIV to ensure that they stay negative.

E. Elimination of Mother to Child Transmission (eMTCT)

The major strategy of the NSP is to prevent the transmission of HIV from HIV positive mothers to infants through a coordinated eMTCT programme. For HIV infants, eMTCT seeks to accelerate earlier diagnosis of HIV, better access to ART, care and support.

The NSP rolled out PMTCT services to 136 out of 216 health facilities in the country in 2007 (GoL 2012b). To increase the effectiveness of PMTCT, the programme was integrated into the maternal and child care and antenatal care (ANC) in 2011. The integration of PMTCT and ANC was launched at 207 out of 216 health facilities as a new comprehensive programme called Elimination of Mother to Child Transmission (eMTCT) in 2011. Through eMTCT, the Government in partnership with implementing partners intensified the distribution of ARVs that prevent the transmission of HIV from mother to child across the country.

However, the major drawback to the success of eMTCT coverage is child deliveries out of health facilities. GoL (2012b) reveals that only 47 per cent of women in Lesotho delivered in a health facility in 2012. The high number of deliveries outside health facilities shows that there is still a high risk of transmission of HIV from mother to child in the country. This is probably because there are still some barriers to accessing health facilities, including shortage of maternity facilities. The GoL (2013c) also asserts that one of the major challenges facing eMTCT is that of inadequate primary HIV prevention services as more women continue to get infected with HIV.

F. HIV treatment, care and support

The HIV treatment programme aims to provide comprehensive treatment, care and support to HIV positive people. According to the GoL (2012b), HIV treatment is also viewed as a prevention strategy. The WHO (2013) and the PEPFAR (2013) officials also reiterated that antiretroviral treatment should be promoted as a preventive measure. They further noted that the goal of treatment as prevention strategy is to reduce infectivity by decreasing the viral load. The country is aligning the provision of ART to the newly released WHO-ART guidelines (WHO 2013). The guidelines stipulate that ART be initiated at a CD4 count threshold of 500 cells/mm³ or less. The guidelines also state that preference for ART should be given to those with active TB disease, Hepatitis B virus (HBV) co-infection, pregnant women with HIV, HIV positive infants and sero-discordant couples, regardless of CD4 count.

The HIV treatment, care and support programme adopted an integrated approach that includes HIV counselling and testing, management of opportunistic infections including TB and STIs, referral services and testing. The NSP's programme of provision of treatment, care and support has been integrated into the health system where the health system is being strengthened to ensure sustained provision of ART services (GoL 2013c). Health systems strengthening also include development of human resources, service delivery systems as well as procurement and supply chain management. Scale up of food and nutrition provision to the needy has been started through the help of civil society organisations, NGOs and implementing partners. The GoL (2013c) also notes that the programme needs to maintain quality and equitable distribution of treatment services during the expansion.

According to the UNAIDS official (2013), "the major challenge to the scale up of treatment, care and support is shortage of financial resources required to achieve the goals of the programme". Lack of key human resources such as doctors, nurses, social workers and other professionals adds to the list of challenges. The UNAIDS official in Lesotho (Interview 2013) also noted that "accountability, leadership, community mobilisation, and programme maintenance are the other major challenges". For example, there is no agency coordinating the national response on HIV/AIDS since the National AIDS Commission (NAC) is no longer operational. PEPFAR officials in

Lesotho (Interview 2013) suggested that a sector-wide approach and prioritisation of resources are key to substantive progress on MDG 6.

According to GoL (2012b), there are barriers to accessing HIV treatment services in Lesotho. For instance, people in remote rural areas still have challenges in accessing HIV treatment due to inadequate treatment centres in rural areas and inaccessibility of some of the areas. Inaccessibility of some areas is a result of the mountainous terrain. The GoL (2012b) also notes that there are some indications that some males in Lesotho do not seek treatment because of fear of revealing their status. Stigma associated with HIV and AIDS is also a barrier to accessing treatment.

G. Tuberculosis

The WHO (2008) reveals that tuberculosis remains the single most serious opportunistic infection for people living with HIV. For example, in 2012, 80 per cent of TB patients in Lesotho were HIV positive (GoL 2013c). Furthermore, mortality remains high among the TB/HIV co-infected population. The NSP launched a programme on HIV surveillance amongst TB patients in 2008. The country also adopted the WHO strategy that promotes intensified case-finding, provision of Isoniazid prevention therapy and TB infection control.

Furthermore, in response to the problem of TB, the GoL (2013b) notes that beginning in 2013, the Government planned to train more health workers on TB/HIV care to extend TB/HIV services to all health facilities at district level. The GoL (2013b) further notes that from 2013 onwards, the Government of Lesotho through the NSP also planned to support district TB/HIV technical working groups, and work towards response harmonization with other SADC countries. It will also engage more private practitioners as partners in implementing the TB/HIV strategy.

The scaling up of the surveillance and treatment of TB/HIV co-infected people has been slow. For example, in 2010, the percentage of TB/HIV co-infected people that received treatment for TB/HIV was only 26.9 per cent (GoL 2013c). Based on this data, the Government's target to reach 80 per cent by 2015 is difficult to achieve. Moreover, the implementation of HIV prevention programmes in Lesotho faces many challenges. The main challenge is the sustainability of the programmes given that donors and the support partners as of 2010 were providing about 40 per cent of the funds required (GoL 2012b).

Conclusion

In spite of significant strides in reducing poverty, hunger and HIV and AIDS in Lesotho, many difficulties still remain in meeting MDGs 1 and 6 by 2015. Poverty remains pervasive; HIV/AIDS and tuberculosis are also unrelenting.

The proportion of people below the national poverty line, which dropped by only 9.31 per cent from 1995 till 2011, is indicative of slow progress in reversing poverty in Lesotho. Unfortunately, the rate of economic growth, which was 3 per cent in 2012, was lower than the rate of 5 per cent required to make a significant impact on poverty and unemployment. Unemployment has remained at about 25 per cent between 2003 and 2011. In addition, the proportion of the population requiring food assistance in Lesotho remains high. The percentage of the population in the country that required food assistance trebled between 2011 and 2013. Although chronic malnutrition decreased by 6.6 per cent from 19.8 per cent in 2004 to 13.2 per cent in 2009, stunting among children increased from 38.2 per cent in 2004 to 39.2 per cent in 2009.

Although Lesotho put in place economic and social protection measures inclusive of public assistance, free health and primary education to fight hunger and poverty, the effectiveness of these measures has been affected by insufficient resources. The main challenge is that without sustainable increase in economic growth and development, it is difficult to sustain these social protection measures as they are funded from public revenue.

HIV and AIDS, which flourishes in conditions of poverty (Mabala 2006), is also a major challenge. On average, the annual number of new HIV infections in Lesotho has remained above 15,000 since 2001 (GoL 2012b). Therefore, the demand for ARVs in Lesotho as well as costs of tests to monitor the patients on ART will continue to increase. The target to increase ART coverage in Lesotho from the 2012 estimated level of 59 per cent among adults to 80 per cent by 2015 is a colossal task (GoL 2012b). The low ART coverage among children, which was estimated at 24 per cent in 2012, is another huge challenge.

Lack of behavioural change, compounded by *inter-alia* cultural practices and poverty, is the main driver of high incidence of HIV in Lesotho. Reducing the number of new infections is the most effective way of addressing the high prevalence of HIV in Lesotho. There is therefore need to strengthen programmes that increase knowledge of safe sex and HIV which was estimated to be 30 per cent in 2012 among the youth. The most critical among these programmes are condom use, circumcision, and HIV testing and counselling. Therefore, there is need for the Government and other stakeholders to put more effort in raising knowledge of safe sex and to address the problem of poverty more effectively.

To address the problems of poverty and HIV and AIDS more effectively it is essential to promote sustainable economic growth beyond 2015. This has the potential to increase levels of income, employment opportunities and improved access to social services including health and education. It is also essential to increase funding levels and ensure continuity of social protection measures and HIV/AIDS intervention programmes beyond 2015. Without economic growth, increased funding and continuity of the

programmes in place, it will be difficult to effectively address the problems of poverty and HIV/AIDS.

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2

Schooling without Learning: Long-Term Implications of Free Primary Education for Income and Welfare Inequalities in Kenya

Emmanuel O. Manyasa

Abstract

The MDG2 makes basic education a human right and a valuable input to the development of human resource capacity of the individual and the nation.. But, the extent to which acquisition of basic education translates to human resource capacity of all individuals demands further interrogation. Answers to questions about when and how education is valuable; what quality of education is valuable; and whether all children access the correct education are needed in order to understand the valuable contribution of the MDG2 to human development and the long-term implications of equity in society. This chapter shows that in Kenya free primary education (FPE) is creating two parallel societies enclosed in two hard-to-break circles: a small virtuous circle of prosperity for the children of the non-poor and a large vicious circle of poverty for the children of the poor. Using models of social sorting and social capital to analyse FPE in the country, the study concludes that FPE as currently implemented disadvantages children of the poor. Through social sorting in schools and the marriage market, it deepens income and welfare inequalities in the long-term.

Introduction

Article 26 of the 1948 United Nations Universal Declaration on Human Rights proclaims the right of all persons to education. It further provides that education shall be free and compulsory at least at the elementary level. Articles 28 and 29 of the Convention on the Rights of the Child (CRC) and Articles 43 (1) (f) and 53 (1) (b), of Kenya's Constitution emphasize the obligations of the state with regard to provision of education as a human right (Republic of Kenya 2010). A similar view is held by Amartya Sen, who considers the ultimate goal of societies' development to be human freedom, attainable through enhanced capability to be and to function, of which education is an integral part (Sen 1999). Besides, "Educational institutions are also important transmission channels of norms and values between generations" (Kaasa and Parts 2008, 29).

In light of this, societies have individually and collectively, through global arrangements such as the millennium development goals (MDGs), pursued universal primary education (UPE) with varied degrees of success. It is

important to note that the nature of the UN declaration, which places the primary responsibility of guaranteeing this right on nation states, effectively politicises the pursuit of UPE. This has many implications for policy. The most outstanding however, is the focus almost exclusively, on pursuit of the aspects of UPE that maximise the political support function of those in power, especially in democratic countries. It goes without saying that the aspect of UPE that is most visible and may thus readily yield political dividends is access.

Access to primary education has consequently been the main focus of policies seeking to achieve the second MDG – achieve universal primary education (Sifuna 2005; ECA 2011; Glennerster *et al.* 2011; Republic of Kenya 2012a; United Nations 2012). The Kenya government's pursuit of UPE, however, predates the MDGs. In 1965, the government delineated elimination of ignorance as one of its strategic goals (Republic of Kenya 1965). Under this framework, the government made various interventions in primary education provision with a view to making it free and compulsory in the years that followed (Sifuna 1990). The fact that the stated goal was to eliminate ignorance is significant – the government was interested in learning rather than access. According to Sifuna (2005), however, the policies implemented in pursuit of the goal were more politically motivated rather than rationally constructed and thus failed and quickly fizzled out.

In recent years, the Kenya government has pursued UPE goal mainly through the implementation of the free primary education (FPE) policy. Coined as part of a popular campaign agenda ahead of the General Elections in the year 2002 and implemented in January 2003, this policy has remained politically popular. The FPE program has outlasted previous similar programs mainly due to strong donor support and political hype around it that has kept the government under pressure to sustain it. Indeed its popularity is understandable since available facts and figures indicate that FPE has enhanced access to basic education, especially among the children from low-income households (Kimani and Odhong' 2010; Bold *et al.* 2010; ECA 2011; Glennerster *et al.* 2011; Republic of Kenya 2012a). Gross enrolment in primary schools rose from 95 percent in the year 2000 to 115 percent in the year 2011 (ECA 2011; Republic of Kenya 2012a).

The increased enrolment has brought challenges, which need further interrogation. One such challenge is the quality of education, which has been widely discussed (ECA 2011; Glennerster *et al.* 2011; United Nations 2012; Uwezo Kenya 2013). Yet that is not the only concern. The issue which most scholars and policy analysts have avoided and which this chapter seeks to highlight is the unintended dichotomy that FPE has entrenched in the primary school sector and its long-term implications for income and economic welfare inequalities. It is also important to assess the implications of this dichotomy to the achievement of the first objective of

primary education – “acquire literacy, numeracy, creativity and communication skills” (Republic of Kenya 2012b, 38).

FPE has resulted in complete sorting of children from poor households into public primary schools and those from non-poor households into private primary schools (Bold *et al.* 2010). The performance gap between public and private primary schools in the Kenya Certificate of Primary Education (KCPE) examinations is enormous (Bold *et al.* 2010; Uwezo 2013). According to Bold *et al.* (2010, 44), “private schools yield scores that are roughly two and a half standard deviations higher than government schools”. This gap has continued to widen over the years, raising “concerns about the rising disparity in quality between public and private schools” (Glennerster, *et al.* 2011, 4). This chapter thus argues that the type of primary school a child attends affects both the amount of learning that is obtained from school attendance and the probability that the child attends a good high school, which as aptly put by Fernández and Rogerson (2001), affects the probability that the child attends college.

This early social sorting therefore has several implications for long-term income and welfare inequalities (Fernández and Rogerson 2001). The implications are potentially more serious for Kenya, given the initial conditions in a country already considered one of the most unequal in the world (SID 2004; World Bank 2008). It is argued in this chapter that FPE is creating two parallel societies enclosed in two hard-to-break circles: a small virtuous circle of prosperity for the children of the non-poor and a large vicious circle of poverty for the children of the poor. These circles are reinforced by O-ring effects (Kremer 1993) that are observable in the country.

This chapter draws on a rich family of sorting and social capital models to analyse and interpret equally rich secondary data to achieve the following objectives:

- 1) Establish the effect of FPE on the degree of sorting in the primary school sector;
- 2) Analyse the basis of sorting in primary school sector; and
- 3) Determine the implications of sorting in the primary school sector on long-term income and welfare distribution in Kenya.

The data utilised in this analysis is secondary and cross-sectional. It was collected from multiple, but reliable, sources which include Uwezo Kenya; Kenya National Bureau of Statistics; Commission on Revenue Allocation; and various issues of the statistical abstracts and economic surveys.

Theoretical Literature

"The most valuable of all capital is that invested in human beings."
(Marshall quoted in Becker 1964)

Sorting Models

A rich family of sorting models exists in literature. Most of them explain the implications of social sorting on a variety of economic and social outcomes. Of interest to this analysis are four models: the marriage market model (Becker 1973); the O-Ring model (Kremer 1993); the sorting and inequality model (Kremer 1997); and the sorting and inequality model (Fernández and Rogerson 2001).

According to Becker (1973), unmarried men and women constitute a marriage market. In this market, every man is looking for the most attractive¹ woman, while every woman is looking for the most attractive man. “Empirically, positive assortive mating is the most common and applies to IQ, education, height, attractiveness, skin color, ethnic origin, and other characteristics” (Becker 1973, 815). It is argued that each marriage can be considered as a two-person firm such that either partner is considered as the “entrepreneur” who “hires” the other at the “salary” m_{ij} or f_{ij} and receives residual “profits” given by either $Z_{ij} - m_{ij}$ or $Z_{ij} - f_{ij}$ (where: m_{ij} is the income of the i^{th} male (M) from marriage to the j^{th} female (F), and similarly for f_{ij} , while Z_{ij} is the total output of the marriage between the i^{th} M and j^{th} F).

Generally, sociologists, psychologists and geneticists assume either positive or negative assortive mating rather than random mating. Looked at as firms, whose objective is to maximize total household commodity output, it makes sense that positive assortive mating is likely to be observed (Kremer 1993). In this analysis, which focuses on education as the basis for marital sorting, positive assortive behaviour is assumed. Also assumed is that the other attributes of the marriage market participants remain constant as the level of education varies.

The O-Ring model assumes strong complementarities among inputs into the production process, among other assumptions (Kremer 1993). On the basis of the assumptions, Kremer constructed a model that can be summarized by the following set of five equations 1 to 5:

$$E(y) = K^\alpha \left(\prod_{i=1}^n q_i \right) n B \quad (1)$$

Where n is the number of tasks to be undertaken to complete a product,

y is the level of output,

K is capital,

q is the level of skills required to accomplish each of the n tasks and $0 \leq q \leq 1$,

B is a multiplier term that depends on the characteristics of the firm and increases with the increase in the number of tasks.

If and only if all tasks are performed successfully, then output per worker is given by $\bar{B}$.

$$BF(q_i q_j) = q_i q_j \quad (2)$$

$$q_H^2 + q_L^2 > 2q_H q_L \quad (3)$$

Where q_H refers to high skill and q_L refers to low skills.

$$dw(q_i)/dq_i = dy/dq_i = \left(\prod_{j \neq i} q_j \right) = nBK^\alpha \quad (4)$$

$$d^2 y / dq_i d \left(\prod_{j \neq i} q_j \right) = nBK^\alpha > 0 \quad (5)$$

Equation 1 represents the O-ring production function. In this production function, the level of output is a function of capital (K) and the quality of labour (q) employed in the production process. Equation 2 shows that the O-ring production function exhibits positive assertive behaviour. If we suppose that the economy has only four workers, two of them with low skills (q_L) and the other two with high skills (q_H) and that there are two firms, each seeking to employ two workers, then according to Kremer (1993), the necessary condition for a maximum with respect to each of the labour qualities, q , would be given by equation 3. Equation 3 indicates that positive sorting of workers is good for the whole economy since it yields greater aggregate output. Equation 4 implies that the value of the marginal product of skill is equal to the marginal cost of skill in terms of wages, which means that the cost of labour increases with the level of its skills. Equation 5 shows that positive externalities are generated by the interaction of highly skilled workers.

Assume that firms in this model are potential marriages and that the workers are unmarried individuals, each seeking to recruit a spouse who helps maximise the output of the marriage. And suppose further that education is the proxy for skills. The individual with high-level skills can then be equated to a firm with a highly skilled worker, seeking to recruit the second worker. Since this individual is aware that all tasks contribute equally to the quality of the output, which in turn determines the amount of profit to be earned, it is only rational for the individual to seek a spouse with high-level skills. Besides the rationality of the player, the model also shows that the cost of labour increases with skill. We can assume here that the cost on the part of the recruiting individual is his/her own capacity to contribute to the output of the marriage since the party being targeted for recruitment is also seeking to maximize the output of her/his marriage. Therefore, the individual with low skill lacks the resources to recruit a highly skilled individual as a spouse.

The model therefore implies existence of multiple steady-states with high skilled individuals matching to form highly productive marriages and low

skilled individuals matching to form less productive marriages. With O-ring effects, individuals in low skill marriages may get caught in low-production-quality traps that lead to widening inequalities in the society. This chapter postulates that the low skill households will find themselves with less income to invest in their children's education thus making education highly heritable and the educational attainment gap persistent.

Kremer (1997) studied the effect of sorting in marriage and neighbourhoods and assessed parental and neighbourhood effects on steady-state inequality as proxied by the standard deviation in educational attainment. He measured educational attainment in years of schooling and found that "changes in sorting will have only a small impact on steady-state inequality of characteristics that are only moderately heritable, such as education and income" (Kremer 1997). He considered that sorting would affect the distribution of skills more drastically if parental effect was close to one, which according to his model is unrealistic. The model shows that inequality is insensitive to sorting and further, that sorting has been declining.

According to this model, sorting would have greater effect on the distribution of the quality of schooling if it was based on the individual rather than parental characteristics. It is further argued that "Since sorting increases the intergenerational correlation of education, inequality among dynasties will be more sensitive to sorting than inequality among individuals" (Kremer 1997, 128). Indeed Kremer (1997) argues that sorting may impact expectations about the marriage market outcomes in a way that counteracts its negative effect on inequality. Thus he concludes that sorting is only an insignificant factor in inequality discourse, to which undue attention is being paid.

This view is not shared by Fernández and Rogerson (2001). In a model that includes the ability to borrow against a child's future income, they argue that sorting only fails to affect inequality if it does not affect the families' credit constraint. Their model includes the price of skill, which is missing in Kremer (1997). They postulate that the price of skill is determined by three factors: "the existence of a nonlinear relationship between parental years of education and those of their children; a negative correlation between fertility and parental education; and wage rates that are sensitive to changes in the skill" (Fernández and Rogerson 2001, 1330).

The model shows that sorting increases income inequality even in the absence of borrowing constraints. And that "if borrowing constraints exist and are tightened as a result of the increase in sorting, this will magnify the increase in inequality" (Fernández and Rogerson 2001, 1338). When parents are unable to borrow against their children's future income, they are constrained financially in investing in their children's education. This means then that parental income becomes an important factor in children's access to 'quality education'. It is this constraint that the FPE policy sought to remove, but the current quality gap between public and private primary

schools, indicates that the policy may just have tightened the constraint. This may be the case due to the worsening quality of education in the schools where children of the poor go, yet, according to Psacharopoulos (1984), quality of education, however it is measured, has impact on children's learning and later, earnings.

Social Capital Models

Vaughan (2013) developed a model of cultural change and transmission in which culture and identity have lasting effects on economic outcomes that include education. According to the model, cultural change and transmission is a function of the pattern of children's interactions at the critical stage when their identities and preferences are being formed. The model assumes that "... parents act as role models for their children, and that parents of other children in the peer group do not act as role models ..." (Vaughan 2013, 30). Parents are also assumed to deliberately socialize their children in a way that attempts to reinforce certain peer effects and suppress other peer effects.

Using USA teenage cross-sectional data and controlling for peer group, parental neighbourhood sorting, genetic effects, and individual characteristics, Vaughan (2013) found the sum of parental and peer effects to be close to one implying that children within a school converged to a steady state where all peer groups blend together. The model, however, predicts that there won't be a global convergence where all peer groups beyond the school would blend in, and thus suggests multiple equilibriums, with segmented blending. This model is of particular relevance to the current analysis, where children who have been sorted into different schools, based on a common parental attribute, are expected to later on blend with other children with totally different parental attributes.

Discussion of Empirical Findings

Table 1 presents robust coefficients of all independent variables in the seven models represented by columns 2–8. The standard errors are presented in brackets below the respective coefficients. However, only results of four models (II; IV; VI; and VII) are discussed. Models II, IV and VI explain educational attainment, while model VII explains sorting in primary schools. Model II is the main educational attainment model in this analysis and forms the thrust of this chapter because its dependent variable combines the educational attainment indicators in models IV and VI.

Table 1. Results of analysis

Dependent variables: ALOS ⁺ (IandII); LTScore ⁺⁺ (IIIandIV); KCPE12 ⁺⁺⁺ (VandVI); and PupPuS ⁺⁺⁺⁺ (VII)							
Independent variables	I	II	III	IV	V	VI	VII
Poverty index	-0.18 (0.15)	-	-0.03 (0.05)	-	-0.15 (0.16)	-	-
Poverty gap index	-	-0.44*** (0.16)	-	-0.11* (0.06)	-	-0.27 (0.19)	-
Log poverty gap index	-	-	-	-	-	-	4.85*** (1.71)
Adult population with primary education (%)	0.62 (0.64)	0.47 (0.63)	0.20 (0.22)	0.16 (0.22)	0.21 (0.55)	0.14 (0.57)	0.89*** (0.25)
Adult population with secondary education (%)	4.71*** (0.78)	4.49*** (0.73)	1.75*** (0.25)	1.67*** (0.24)	0.64 (0.81)	0.62 (0.85)	-0.49 (0.46)
Log population growth rate	-	-	-	-	-	-	-5.56*** (2.00)
Pupils in public schools (%)	-0.003 (0.24)	0.08 (0.26)	-0.06 (0.10)	-0.03 (0.11)	0.25 (0.33)	0.27 (0.32)	-
Wage employment growth rate	18.86*** (2.98)	18.10*** (2.81)	1.99 (1.31)	1.70 (1.36)	24.51*** (3.82)	24.51** * (3.53)	1.71 (1.35)
County	0.05 (0.17)	0.08 (0.17)	0.04 (0.06)	0.04 (0.06)	-0.04 (0.17)	-0.03 (0.17)	-
Constant	8.15 (37.50)	14.59 (35.98)	29.03 (12.21)	31.55 (11.63)	132.80 (37.64)	132.87 (38.19)	17.03 (23.75)
Observations	47	47	47	47	47	47	47
R-Squared	0.77	0.79	0.69	0.70	0.63	0.64	0.64
F-Statistic	47.64	44.37	21.15	23.90	13.98	15.59	9.03
Prob > F	0.00	0.00	0.00	0.00	0.00	0.00	0.00

SOURCE: Survey data

* Significant at 10 per cent; ** Significant at five per cent; *** Significant at one per cent

+ Average learning outcome score (kcpe12*LTscore)

++ Learning test score (%)

+++ 2012 KCPE mean score

++++ Pupils in public primary schools (%).

Educational Attainment

I analyzed the relationships between neighbourhood factors including community level poverty incidence (poverty index); poverty depth (poverty gap index); percentage of adult population with primary education; percentage of adult population with secondary education; percentage of pupils in public primary schools; and wage employment growth rate, and three different indicators of educational attainment in models I, II, IV and VI. As indicated in Table 1, the dependent variables in the models were: average learning outcome score (ALOS) in models I and II; learning test score (LTScore) in model IV; and 2012 KCPE mean score (KCPE12) in model VI.

The findings indicate that three factors are important in explaining learning outcomes in primary schools in Kenya. These are poverty depth; percentage of adult population with secondary education; and wage employment growth rate. Poverty at the community level (county) adversely affects learning outcomes in Kenya. The coefficients of both poverty index (I) and poverty gap index (II; IV and VI) are negative, implying a negative relationship between poverty and learning outcomes. However, the coefficient of poverty index is statistically insignificant.

The coefficient of poverty gap index on the other hand is statistically significant at one percent level of significance in model II; significant at 10 percent level of significance in model IV; and insignificant in model VI. This means that variations in the depth of poverty across counties do not explain variations in the performance of pupils who sat KCPE examinations in the year 2012. Nonetheless, variations in poverty depth significantly explain the variations in learning test scores at 10 percent level of significance.

When the learning test scores are combined with the KCPE mean score to generate the average learning outcomes score, variations in poverty depth acquire new levels of significance as indicated in model II. This implies that it is not the incidence of poverty that explains variations in learning outcomes, but the depth of poverty. This finding is in line with Fernández and Rogerson (2001), who argue that when borrowing constraints exist, parental income becomes an important factor in children's educational attainment. It is argued in this chapter that poverty depth tightens borrowing constraints on the poor because in Kenya, there are neither institutional nor social mechanisms that enable parents to borrow against future incomes of their primary school children. Parental income is particularly important in Kenya given the clear gap between the performances of private and public primary schools and the sorting of children into these schools based on parental incomes (Glennester *et al.* 2011). Indeed from the findings of model II, the effect on the average learning outcome score associated with the poverty gap index is a significant 0.44.

The percentage of adult population with primary level of education was positively related with all the three indicators of educational attainment. However, its coefficient was statistically insignificant in all the models. The same is not the case with the percentage of adult population with secondary education, which is similarly positively related with all the three indicators of educational attainment. In models II and IV, the coefficient of the percentage of adult population with secondary education was significant at one percent level of significance, but insignificant in model VI. The findings show that the effect on average learning outcome score associated with a one percentage change in the percentage of adult population with secondary education is approximately 4.5. The effect on learning test score associated with a one percentage change in the percentage of adult population with secondary education in a county is 1.67.

The percentage of pupils in public primary schools had mixed relationships with the three indicators of educational attainment. It was positively related with average learning outcome score and performance in 2012 KCPE examinations, but negatively related with learning test score. In all the models, however, its coefficient was statistically insignificant. This result may be explained by the fact that most children in primary schools are in public schools across the country; thus the variability in the data was limited, leading to the indeterminate relationship in the analysis. It is important to note though that the fact that a wide gap exists between the performances of public and private primary schools is not in dispute (Glennerster *et al.* 2011; Republic of Kenya 2012; Martin and Pimhidzai 2013; Uwezo Kenya 2013).

The ample evidence from much larger studies that the quality of education in public primary schools is far below the quality of education in private schools is predicated on several premises (Glennerster *et al.* 2011; Martin and Pimhidzai 2013). For instance, on every school day, "A public school child receives 1 hour 9 minutes less teaching than her private school counterpart. The implication is that for every term, a child in a public school receives 20 days less of teaching time" Martin and Pimhidzai (2013, 2). And this is beside the fact that only 35 percent of the teachers in public primary schools could demonstrate competence in the curriculum that they teach, their seniority and years of training notwithstanding (Martin and Pimhidzai 2013). This means that even after losing 20 learning days per term, pupils in public primary schools lose more time through poor teaching that is either inconsistent with the curriculum, or only scratches the surface of the curriculum.

The coefficient of wage employment growth rate was significant at one percent level of significance in models II and VI, but insignificant in model IV. The growth rate of wage employment had a positive relationship with all the learning outcomes tested in this analysis. The effects on average learning outcome score, KCPE performance, and learning test score associated with a one percentage change in the growth rate of wage

employment are 18.10; 1.70; and 24.51, respectively. This finding is in line with the O-ring theory, which postulates that when people find themselves in situations characterised by low productivity, they lose the incentive to invest in skills development, thus leading to formation of low productivity-low skill-low productivity traps (Kremer 1993).

The demonstrated relationship between wage employment growth rate and educational attainment could also be interpreted in three other ways: first, it indicates the importance of parental income in educational attainment of children. Parental income determines the amount of investment that parents can put in their children's education and other support services, with obvious consequences on what the children can achieve from attending a particular type of school. Secondly, this could also be explained by the fact the increase in employment in the modern sector enhances parents' capacity to finance children's education, either in private schools, or through supplementary staffing of public schools. Indeed 30 percent of teachers in primary schools in the year 2012 were employed by parents (Uwezo Kenya 2013). Thirdly, the relationship may be an indication of the presence of borrowing constraints, which limit poor parents' ability to invest in quality education for their children (Fernández and Rogerson 2001).

Yet, in Kenya, the quality of education is expected "...to determine if the promise of Vision 2030 will be shared by the third of the population who live on less than \$2 a day" (Martin and Pimhidzai 2013, 8). Given the growth path that the country has chosen, assigning human capital a critical role in national development (Republic of Kenya 2013a), the value of quality education cannot be overemphasized. It is generally accepted that education is one of the most powerful instruments of social mobility (Eshiwani 1993; Sen 1999; Desjardins and Schuller 2006; Kimani and Odhong' 2010; Republic of Kenya 2005, 2012; United Nations 2012; UNDP 2012). If therefore there is inequality in education (Glennerster *et al.* 2011; Uwezo Kenya 2013), and worse still, if the inequality in education is rooted in the pre-existing economic inequalities in the society, it is only logical to expect that income and welfare gaps will widen.

Sorting in Schools

I assessed sorting using model VII, whose results are shown in Table 1. The percentage of children in public primary schools was used as a proxy for social sorting. The explanatory variables in the model were log of poverty gap index; percentage of adult population with primary level of education; percentage of adult population with secondary level of education; log of population growth rate; and wage employment growth rate. The findings from this model indicate that the model was significant overall, with an F-statistic of 9.03 and a p-value of 0.00. Variations in the independent variables explained approximately 64 per cent of the variations in the percentage of children attending public primary schools.

The findings further indicate that log of poverty gap index, percentage of adult population with primary level of education, and wage employment growth rate are positively related with the percentage of children in public schools. The percentage of adult population with secondary level of education and log of population growth rate are negatively related with the percentage of children in public primary schools.

The coefficient of log of poverty gap index is significant at one percent level of significance. This finding is consistent with the expectations of this model as well as with several studies (Kremer 1993; Fernández and Rogerson 2001; Glennerster *et al.* 2011; ECA 2011; Uwezo Kenya 2013). The poorer the population from which a child hails, the higher the probability that the child will attend a public primary school. This is explained by the fact that poverty constrains parents' ability to fund their children's education, leaving them no choice but to take them to the publicly funded primary schools. The children in public primary schools are thus sorted into those schools on the basis of parental income (Bold *et al.* 2010; Glennerster *et al.* 2011).

Indeed according to Glennerster *et al.* (2011), it is important to note that sorting happens even within the private schools subsector. Private schools are ranked in such a way that pupils from marginally non-poor households cannot even imagine accessing some of them, while some of those private schools are hardly different than the public ones in terms of the key indicators of quality². Public primary schools are not uniform either. According to Uwezo Kenya (2013), 12.5 percent of the public primary schools have computers while 1.8 percent offers computer studies. The disparity between public schools correlates with poverty indices of the counties the schools are located in. This also correlates with the contribution of parents to financing of the schools (Uwezo Kenya 2013).

The coefficient of the percentage of adult population with primary education was equally significant at one percent level of significance. Generally, individuals with primary level of education are either unemployed, or employed in the informal sector. Many of those employed with primary level of education constitute a significant part of the working poor in the country. It therefore makes sense that variation in the percentage of adult education with primary education significantly explains variations in the percentage of pupils in public primary schools in the counties. It may also be due to O-ring effects (Kremer 1993), where a large percentage of the population with low education leads to low earnings and the resultant disincentives to invest in education lead to a high percentage of children attending publicly funded thus cheap primary schools.

The coefficient of log population growth rate was significant at one percent level of significance. It, however, had a negative sign contrary to expectations of this model. It was expected that due to the negative relationship between poverty and fertility rates (Fernández and Rogerson 2001), rapid population growth would be directly related with the

percentage of children attending public primary schools. This contradiction may be explained by changes in population associated with migration, especially to urban areas, whose dynamics are to counter population growth due to high fertility.

The coefficient of the percentage of adult population with secondary education was insignificant at 10 percent level of significance. Nonetheless it had a negative sign which is consistent with the expectations of this model. Secondary education was expected to be associated with higher earnings and thus lower percentage of children attending public primary schools. The sign confirms this expectation but the coefficient is insignificant, which could be explained by the low variations of the percentages of the adult population with secondary education in the data.

Similarly, the coefficient of wage employment growth rate was insignificant at 10 percent level of significance. Wage employment growth rate is directly related with the percentage of children attending public primary schools. This implies that changes in wage employment levels do not have a positive impact on incomes of households and thus no impact on the degree of “bindingness of borrowing constraints” (Fernández and Rogerson 2001, 1330) of households. The finding is consistent with the Republic of Kenya (2012), which shows that wage employment grew consistently between the years 2007 and 2011, while during the same period, real average earnings fell by 8.1 percent. This in effect shows that households’ borrowing constraints were tightened during the period, thus more than offsetting the expected negative effect of wage employment growth on the percentage of children attending public primary schools.

The Role of Free Primary Education Policy

“Introduction of free primary education in 2003 resulted in increased enrolment without commensurate increase in either infrastructure or personnel. This has led to overstretched facilities, overcrowding in schools, inefficient teacher utilisation, and low teacher to pupil ratios, all of which have affected the quality of education at this level” (Republic of Kenya 2012a, 97). The pupil/teacher ratio in public primary schools in Kenya rose from 34.4:1 in the year 2000 to 46.5:1 in the year 2009 (ECA 2011). The ratio now stands at 57:1 against the government’s target of 42:1 (Republic of Kenya 2013a). Ten years since its implementation, 21.7 per cent of children of school-going age remain out of school (Republic of Kenya 2013b). Many of those in school are in fact not learning (Uwezo Kenya 2013).

So how has this policy, implemented as part of the wider framework of pursuing UPE, contributed to the problems bedevilling the primary education sector in Kenya? By overstressing the facilities and the manpower in the schools, the policy has disillusioned teachers, forcing many of them, in spite of their not so big pay, to send their own children to private primary schools. The decision to send their own children to private

schools has three implications to their service delivery: first and foremost, they suffer financial duress because they need to dig deeper in their resources to raise the high fees charged in private schools; secondly they lose intrinsic motivation to deliver quality service; and thirdly, as a consequence of the first problem, they devote more time to other income generating activities to fill the gap in their budgets at the expense of the pupils they ought to be teaching.

Engagement in pursuit of extra income has several consequences. The first one is that 13 percent of the teachers are absent from duty on any given day, thus denying the children in public primary schools their rightful instructional time (Uwezo Kenya 2013). Secondly, most teachers (approximately two-thirds), despite high qualifications and many years of experience in teaching, lack mastery of the curriculum they are teaching (Glennerster *et al.* 2011). This could be attributed to lack of interest in updating one's skills and negligible time commitment to what is supposed to be their core responsibility. Thirdly, some teachers have engaged tyrannical methods of extorting money from parents through illegal tuition of pupils during school vacations and weekends. Parents are susceptible and continue to pay in spite clear evidence that the extra tuition does not improve performance (Uwezo Kenya 2013).

The FPE policy has also turned public primary school classrooms into crowds of academically heterogeneous pupils, thus presenting teachers with the worst pedagogical nightmare to handle. The more heterogeneous the pupils in class are the more personalized attention each one of them needs to ensure that those who enter with absolute disadvantage can catch up with the rest. This is not possible in the circumstances under which children are learning in public primary schools in Kenya today. Interventions by government in this regard, usually don't take cognizance of this fact and end up marginalizing further the most marginalized of the marginalized. Indeed "In Western province, a randomized evaluation found that a program providing standard textbooks benefited only those already performing well, suggesting that standard texts were inappropriate for three quarters of children" (Glennerster *et al.* 2011, 41).

Perhaps the epitome of the FPEs counter-productiveness is the stratification of pupils on the basis of household incomes (Glennerster *et al.* 2011). This undermines one of the key tenets of education in Kenya, which is "to foster a sense of nationhood and promote national unity" (Eshiwani 1993, 26). Besides, it deepens the resource gap between public and private primary schools. In particular, it lowers the textbook/pupil ratio in public schools, while increasing the same in private schools. This it does by isolating children of parents who can afford textbooks from those of parents who can't afford textbooks. Prior to FPE policy, children of the poor, generally accessed textbooks through their classmates from non-poor households. The segregation attributable to FPE has closed this window. It is proper to consider FPE as currently implemented, one of the "...government-imposed

distortions that encourage sorting ...” (Kremer 1997,137) with adverse consequences on inequality.

FPE has deepened stratification and inequality in the whole education system as exemplified by persistent and increasing KCPE performance gap between public and private primary schools (Bold *et al.* 2010). The government has in the past provided quotas to guarantee that graduates of public primary schools secure places in elite national schools. But this remedy completely misses the point by providing a simple solution to a complex problem. First the problem is not that the private school graduates have undue advantage over their public school counterparts, but that the graduates of public primary schools have not learnt enough to transit to secondary school. Yet for successful acquisition of secondary education, “... it is crucial to ensure that incoming secondary school students are adequately prepared for the demands of secondary school” (Glennerster *et al.* 2011, 16).

Secondly, this mechanism could easily be circumvented by non-poor parents who feel aggrieved that government was punishing their children for having benefited from the costly, but better learning opportunities offered by private schools. Indeed at the implementation of the quota system in admitting students to national secondary schools, there was public outcry from both private school owners and parents. It is possible, and there is convergence of interests between the non-poor parents and teachers, to defeat this system by enrolling children in private schools and registering them for KCPE examinations in public schools. This is a loophole that the government cannot seal without infringing on the freedoms and liberties granted in the laws.

Given the performance gap between private and public primary schools and the continued migration of children from the non-poor households from public primary schools to private ones, it makes sense to argue that FPE as implemented is only a partial solution to Kenya’s basic education aspirations. As far back as 1965, learning was the focus of primary education (Republic of Kenya 1965), which seems not to be the case under the FPE policy. It is important to note that UPE is one of the five MDGs pursued under the social pillar of Vision 2030 (Republic of Kenya 2007). The stated objective of this pillar is “To build a just and cohesive society that enjoys equitable social development in a clean and secure environment” (Republic of Kenya 2012a).

Stratification of pupils through the FPE policy undermines the achievement of this objective. This also undermines what Eshiwani (1993, 26) considers one of the key goals of an education that serves the needs of the people of Kenya, which is to “... promote social equality and remove divisions...”. Whereas it is clear that the FPE policy has driven the improved enrolment rates in Kenya (Bold *et al.* 2010; Glennerster *et al.* 2011; Republic of Kenya 2012a; 2012b; 2013a), thus pushing the country towards attainment

of the MDG two, questions of what education is for and what quality of education is necessary to achieve the purpose of education still linger.

Long-Term Implications

Four important questions are at the core of this chapter: first, has the FPE policy led to sorting of children in schools? Secondly, has the sorting happened along the poverty divide? What does this portend for the long-term income and welfare inequalities in Kenya? And finally, how can this situation be salvaged to deliver the promise of quality education for all?

The sorting of children from poor households into public primary schools and those from the non-poor households into private primary schools has several implications for the children of the poor: first the children of the poor find themselves in schools that the government itself characterizes as overcrowded, lacking necessary teaching facilities, with more than recommended pupil/teacher ratio, inefficient and ill-motivated teachers who cost learners over 20 hours in lost instruction time per term, etc. (Republic of Kenya 2012). The consequence of this is that children of the poor go through the school system without learning. For instance, Uwezo Kenya found in a recent national survey that only 30 percent of the children in class three can do class two, work; 11 percent of children in class eight cannot solve simple class two maths; and seven percent of children in class eight can neither read a simple English nor Kiswahili passage (Uwezo Kenya 2013).

Secondly, going through primary school without learning limits the quality of the high school the children of the poor can attend. “This would then affect both the amount of human capital obtained from high school attendance and the probability that the child attends college” (Fernández and Rogerson 2001, 1312). In effect, schooling remains open to all in the society, but acquisition of vital skills remains a preserve of those from privileged households who can afford private school fees. From human capital theories perspective, distribution of skills is a significant factor in explaining distribution of income and welfare in the society (Becker 1964; Psacharopoulos 1984; Romer 1990; Fernández and Rogerson 2001; Desjardins and Schuller 2006; Martin and Pimhidzai 2013).

Thirdly, low quality education obtained from a public primary school and low quality education obtained from a low quality secondary school, joined due to the initial disadvantage, combine with borrowing constraints to deny the children of the poor college education. Even when the government provides quotas to enable children of the poor to access elite secondary schools, official and unofficial levies in those schools deter them from joining. Most of the few who join are forced out by both the levies and social marginalization due to their disadvantaged initial conditions.

Although the government runs a higher education loans board (HELB) that seeks to ameliorate borrowing constraints to increase access to college by the children of the poor, “Children who grow up in poor families will be less likely to attend college, not because they cannot obtain a loan to finance their college education, but because they have had lower quality...” primary and secondary “... educations and are less able to benefit from a college education” (Fernández and Rogerson 2001, 1338). Nonetheless, borrowing constraints to finance college education remain an impediment to children of the poor who don’t excel in high school. HELB only supports those who secure admission into chartered universities. Those who, due to a myriad of early educational challenges, don’t meet the cut are cut out of the publicly funded loans scheme for college students.

Suppose that a child of the poor excels in school and quite a few do excel, in spite of the initial conditions, does that provide him/her an escape route from the burden of early life sorting as suggested by Kremer (1997)? Evidence from sorting models (Becker 1973; Kremer 1993; Fernández and Rogerson 2001) and social capital theories (Manyasa 2009; Vaughan 2013) disputes this. Thus fourthly, without skills and therefore with diminished opportunities for a decent income, children of the poor will become unattractive players in the marriage market, which according to Becker (1973), exhibits positive assortive behaviour. This means that the children of the poor with low productivity and low income get further sorted into low productivity-low income marriages.

The combination of early sorting and O-ring effects limit opportunities for individuals to marry across the social divide. Besides the gap in social norms and values instilled in the children of the poor and non-poor (Vaughan 2013), early sorting also increases the cost of searching for a spouse from a social class other than one’s own (Becker 1973). There is a saying in one of the local communities in Kenya that *imbusi yayanga wa iboyerwe*, translated as “a goat grazes where it is tethered” because the tether determines its reach. This traditional wisdom lends credence to the expected sorting in the marriage market given sorting in schools.

Kremer acknowledges that the marriage market may group the children of the poor together, but argues that the expectation of “Improved matching also reduces incentives for parents to adjust their consumption to the mean so as to smooth consumption across generations.... The consequent reduction in the desire for consumption smoothing across generations will cause less educated people to save more and highly educated people to save less, making the long-run distribution of assets more equal” (Kremer 1997, 137). Indeed Kremer found in his model that sorting has insignificant effect on the steady state standard deviation in the years of schooling and further argued that “living in an educated neighbourhood increases the expected education for one’s children by three-quarters as much as marrying an educated spouse” (Kremer 1997, 130).

Kremer (1997)'s argument can only hold on the basis of two important assumptions: first that sorting does not tighten borrowing constraints for the poor households (Fernández and Rogerson 2001); and secondly that years of schooling are a good proxy of education. In the context of the current analysis, neither of the assumptions holds. Sorting in the marriage market tightens borrowing constraints by raising the dependency ratio among the poor couples. Coming from a poor family bequeaths on one responsibility and too many close relations. Relatively successful individuals from low-income households thus face high level of dependency and if they marry from similarly low-income households, their dependency ratio increases. This is even more relevant for Kenya where, as is the case in many other African countries, the extended family is the normal family structure.

Years of schooling are not a good proxy for education in Kenya in the context of the dichotomy of public vs. private primary education. A pupil in class eight who can neither read a class two level passage nor solve a class two level sum is an equivalent to a class two pupil for all practical purposes; yet in terms of years of schooling he/she is six years ahead. In the face of this learning outcomes gap between pupils in public primary schools and their counterparts in private schools, learning outcomes are a better proxy for educational attainment. Years of schooling as a measure of education is partly the reason populist governments flaunt school enrolment and retention rates as markers of success without paying any attention to the quality of education being provided. It is time that focus in Kenya shifts through the ongoing educational reforms, in line with the global changes that are moving towards adoption of the "learning plus access" policy (Uwezo Kenya 2013).

But suppose that the years of schooling were a good proxy of educational attainment; would sorting have a negligible effect on income and welfare inequality? The view advanced by this chapter is that sorting would still increase income and welfare inequalities through ways not envisaged by Kremer (1997)'s model. First, sorting into schools on the basis of parental income has made education a highly heritable asset, which overturns the conclusions of Kremer's model (Kremer 1997). Secondly, social capital theorists have convincingly demonstrated that social networks matter in many social, economic and political outcomes (Collier 1998; Manyasa 2009; Vaughan 2013). They have further demonstrated that social interaction is an important factor in the formation of social capital (Hayami and Godo 2005; Vaughan 2013). Early sorting into socio-academic groupings implies that social networks are formed on the same basis (Vaughan 2013).

Indeed Vaughan (2013) found that sorting into schools creates homogeneous groups, identified by common norms and values at the group level. But these groups do not merge with other groups to form a global identity. This has several implications in the current context: first, sorting children into schools of the poor and non-poor limits interaction between

the two groups of children. This in turn limits any peer influences across social classes at the critical stage of identity formation, thus creating two distinct social classes among the children. These social classes have zero understanding of each other's circumstances and world view. Consequently, it is difficult at the national level to create consensus on some matters of national importance, often leading to avoidable moral hazards (Hayami and Godo 2005).

Secondly, at the individual level, this is more problematic particularly for the children of the poor. It is argued that social capital, embodied in networks of reciprocity, is the only capital of the poor (Kuehnast and Dudwick 2004; Manyasa 2009). Social capital is capable of providing access to valuable information and generally removing some of the constraints that the poor face in their quest for self-improvement (Durlauf and Fafchamps 2004). Yet it is not the size or number of social networks that one has that increases their access to valuable information and social and economic resources, but the quality of those networks. Thus if the networks are formed in schools where the poor and the non-poor are completely sorted into mutually exclusive networks, it goes without saying that the two sets of networks will have different stocks of resources to go around.

The situation worsens when O-rings (Kremer 1993) expectedly form around these social networks and prevent cross-group influences, or lead only to cross-group influences that jeopardize further the chances of the disadvantaged groups to improve themselves. The exclusion that follows creates antagonism that could potentially explode into open conflict (Kuehnast and Dudwick 2004). Even if it does not lead to conflict, social exclusion is blamed for poverty traps that many people find themselves in (Kuehnast and Dudwick 2004; Manyasa 2009). This runs counter with the stated objectives of education in Kenya since 1965 (Republic of Kenya 1965, 2007, 2013), which have been to eradicate ignorance and poverty, and create a cohesive, equitable society.

From the results of this study, O-rings would potentially form both on geographical and social bases. The spread of poverty in Kenya exhibits regional disparities (Republic of Kenya 2008; World Bank 2008; Wambugu and Munga 2009; Republic of Kenya 2013). The inequality in learning outcomes equally exhibits regional disparities (Uwezo Kenya 2013), which incidentally correlate. Formation of O-rings will not just affect individuals in certain social groups, but most certainly also aggravate regional imbalances in the distribution of income and welfare. This has adverse consequences on the country's declared objective of creating a cohesive and more socially and economically equitable and inclusive society (Republic of Kenya 2012, 2013). Of greater concern to the policy makers in this respect should be the finding by Uwezo Kenya (2013) that 20 percent of children in classes' six to eight don't know the meaning of the colours of the national flag. How would one then be able to create a patriotic and

socially cohesive society if the school cannot serve as a channel for transmission of the desired social norms and values (Kaasa and Parts 2008)?

Beyond the effects that social sorting has on the individuals who inherit poverty, it has many consequences for national development. Firstly, the children of the poor receive poor quality education (Glennnerster *et al.* 2011). Indeed according to Uwezo Kenya (2013), literacy and numeracy skills among pupils in public primary schools are low, and declining. The poor quality of foundational education hurts their chances of excelling in secondary education. This in turn combines with borrowing constraints to deny the children of the poor opportunities to acquire college education (Fernández and Rogerson 2001) and thus deny them opportunities to liberate themselves from the shackles of poverty.

Secondly, to the extent that many brilliant children from poor households are sorted into public primary schools where virtually no learning takes place, a significant percentage of the population is excluded from meaningful participation in the production process. In the face of the ensuing gap in quality manpower supply, the country resorts to training less brilliant children from non-poor households who are not financially constrained. They attend college but according to Romer (1990), come out with certificates but zero human capital. This does not just distort the labour market; it also diminishes labour productivity besides tightening borrowing constraints for low income households (Fernández and Rogerson 2001).

Conclusion

This chapter set out to investigate the role of FPE policy in the long-term income and welfare inequalities in Kenya. The chapter is founded on the basic logic of human capital theory (Becker 1964; Psacharopoulos 1984), which predicts earnings to be a function of skills. The analysis of the FPE policy borrows from the wisdom in the sorting and social capital models to explain the effects of a policy considered as a deliberate government distortion that encourages early social sorting.

In this chapter, social sorting as a result of the FPE policy is taken as a given. Many empirical works have been done on this subject (e.g. Bold *et al.* 2010; Glennnerster *et al.* 2011; Uwezo Kenya 2013) with uniform results. Indeed in Kenya, the sorting of children from poor households into public primary schools and the children from non-poor households into private primary schools is deemed common knowledge. The chapter does not belabour the idea of earnings being a function of skill as propounded by human capital theories. This too is taken as a given. Instead the chapter focuses on the effect of early sorting in schools on future sorting into social networks as well as sorting in the labour and marriage markets. It analyses the effects of this series of sorting processes on the distribution of income and welfare in the long term, given the basis of the early sorting process. It

also analyses the effect of FPE on the achievement of the stated national objectives of education (Republic of Kenya 1965, 2005, 2007, 2013a).

On the basis of responses to a series of fundamental questions raised, it concludes that indeed FPE is counter to the achievement of the stated national objectives of education, which are to eradicate ignorance and build a cohesive, equitable society. This is clearly discernible from the findings of this and other studies reviewed in this chapter. First, a great majority of children attend public primary schools (KNBS 2012). Secondly, there is virtually no learning taking place in public primary schools as the gap between the quality of education in public and private primary schools widens (Bold *et al.* 2010; Glennerster *et al.* 2011; Uwezo Kenya 2013). Thirdly, the government's efforts through the Ministry of Education to improve the quality of education in public primary schools are uncoordinated (Sifuna 2005) and thus continue to flounder, with targets on resource enhancement being consistently missed (Republic of Kenya 2013a).

This raises the following fundamental questions: If by the time a child graduates from a public primary school (class eight), he/she does not know the meaning of the colours of the national flag and cannot read a simple English or Kiswahili (the two are the official languages) passage, isn't that child ignorant? Isn't the child ill prepared to be a responsible citizen (responsible citizens are the pillar upon which a patriotic, cohesive society is built)? Does such a child have the opportunity of excelling in secondary school, even if a quota system was used to secure him/her a chance in a good secondary school? If due to ill preparation the child does not excel in secondary school, what are the child's chances in the labour market that rewards skill? Given initial conditions of poverty, does the child have any opportunity for a good income? If not, what are his/her chances in the marriage market that exhibits positive assortive behaviour (Becker 1973)? Isn't it reasonable to predict that the child would become an important lever in the intergenerational poverty transmission cycle?

Using county-level secondary data, this chapter answers these and other questions. The answers underpin the argument that the FPE policy, if continued in its current form, will worsen in the long term, the distribution of income and welfare outcomes between the rich and the poor in Kenya. And that the policy is counterproductive as far as the achievement of the stated national objectives of education is concerned. The policy-induced sorting of children of the poor into public primary schools and those of the non-poor into private primary schools inhibits formation of cross-class social networks. It also hinders cross-class peer effects during the critical stage of children's development (Vaughan 2013).

Besides the physical separation that sorting into different schools guarantees, the gap in performances between the two sets of schools, which is skewed in favour of private schools, ensures that the education system imbues learners with different capacities and values. These are carried to

secondary schools and beyond. In a country where unemployment reigns even among college graduates (Republic of Kenya 2013b), the character formed during schooling and one's social networks matter in the labour market. Consequently, those with endowed social networks fare better, but also attract the envy of those in less endowed networks. Any sense of collectiveness is limited by class cleavages that are informed by world views and social realities that differ immensely. This diminishes the nation's opportunities of creating a cohesive, equitable society.

At a micro level, individuals who get sorted into institutions that in the long-term limit their income opportunities, also get sorted out of valuable social networks (Manyasa 2009). This sorting is reinforced by O-ring effects that replace any bridges between the two parallel societies with walls. The few children of the poor, who by sheer hard work, or luck or both excel in school; still find themselves encircled in a web of dependency that encumbers their progress. Besides dependency, their progress is also hindered by disproportionately high costs of social capital on their part. These costs include high search costs for spouses from non-poor households.

The conclusions based on the results of this analysis depart greatly from the conclusions arrived at by Kremer (1997). Of fundamental difference is the assumption that years of schooling are a good proxy for education. This would grossly misrepresent the reality that is the dichotomy of educational outcomes between public and private primary schools in Kenya. Using learning outcomes in this analysis, the conclusion that I arrive at is similar to the conclusion by Fernández and Rogerson (2001). Because the sorting into public and private schools criterion in the Kenyan case is parental income, quality education has increasingly become a function of parental income. Taking into account O-ring effects (Kremer 1993), characteristics of the marriage market (Becker 1973), and social capital theories (Vaughan 2013), it is certain that the FPE policy has the predicted influence on the long-term distribution of income and welfare outcomes.

This chapter acknowledges the sentiments of policy-makers who believe that providing children with poor quality education is better than no education (Ministry of Education 2010; Republic of Kenya 2012). These sentiments would make perfect sense in the year 2003 when the FPE policy was implemented. But 10 years into the program without paying due regard to improving quality, smacks of a deliberate attempt to dichotomize society. Knowing the power of education in transforming societies, it is important that the government undertakes a series of reforms both within the Ministry of Education and in government as a whole. These should bring about rationalization of functions of government to free some resources believed to be currently misapplied, to fund core needs of an effective public primary education system. The reforms may also entail evaluation of the various Ministry of Education offices and officers to

determine their contribution to or otherwise, to the pursuit of meaningful UPE.

While new light has been shed on the effects of FPE policy on income and welfare distribution in Kenya, a lot is still to be done. For instance, the data used in this study is cross-sectional and aggregated at county level. An analysis that employs individual-level panels of data would shed more light on parental effects on income and welfare outcomes in the wake of early life social sorting. Similarly, a longitudinal study that tracks pupils who have left public and private primary schools in Kenya since the year 2003 would yield information that can lead to more conclusive empirical evidence of the extent of social sorting resulting from the implementation of FPE policy.

Lessons Learnt and Way Forward

It is not all gloom, however. Vision 2030 and the medium-term plans developed to realise it have encompassed UPE and MDG two's targets. This guarantees that the issues of quality which still linger as the MDGs framework comes to an end will continue to be pursued. The policy makers can take the lessons from the FPE intervention and build on them to deliver on the pre-MDGs promise of UPE.

The first and perhaps the most important lesson is the need to separate policy from politics to allow social and economic reasoning to drive formulation and implementation of policy interventions. There is no doubt that the idea behind FPE is noble, yet it has not achieved what it was set up to accomplish. It is possible that FPE policy has floundered because of the political manner in which it was implemented – in a hurry and giving no time to prepare the institutions concerned for the heavy responsibility that was to be bestowed upon them.

Secondly, FPE “reduces inequality in access to public primary school, *ceteris paribus*” (Bold *et al.* 2010, 24). This is a good lesson to take and build on going into the future where the UN vision for post-2015 global agenda envisages that “Ensuring people’s rights to health and education, including through universal access to quality health and education services, is vital for inclusive social development.... Adequate investments in these areas will be needed to realise unmet MDGs, facilitate sustainable economic growth and employment generation, and close the gaps in human capabilities that help perpetuate inequalities and poverty across generations” (UN System Task Team on the Post-2015 UN Development Agenda 2012, 26).

Thirdly, “the task of constructing institutional mechanisms within the FPE framework to provide the same quality of education...” (Bold *et al.* 2010, 45) for the children of the poor “...that is available for a fee in the private system remains unfinished business”. This should be the overarching objective of educational reform efforts going into the future. This will

dovetail into the post-MDGs global development agenda, which is being built on a vision of shared prosperity.

The UN's post-2015 development agenda is being constructed around: the quest for transformative change that is inclusive, people-centred and sustainable; fundamental principles of human rights, equality and sustainability; and four core dimensions of inclusive social and economic development, environmental sustainability and peace and security (UN System Task Team on the Post-2015 UN Development Agenda 2012). Central to the new vision is basic education, which is emphasised as a human right and the foundation for inclusivity and transformative change. Restructuring public primary education will not only fit in well with the new global agenda, but it will also enhance Kenya's chances of achieving both the social, economic and political goals stipulated in the vision 2030.

Notes

- ¹ "Attractive" is defined as an index comprising of an array of attributes considered desirable inputs into the searching partner's envisaged household production function.
- ² Relevant curriculum; recommended amount of instructional time; availability of learning materials; and a conducive school environment

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3

Universal Primary Education in Botswana: Implementation, Achievements, and Challenges

Robert Molebatsi and Kenneth Dipholo

Abstract

Anecdotal evidence suggests encouraging results made by a number of African countries in meeting some of the targets set in the Millennium Development Goals (MDGs). One such country is Botswana, which has recorded impressive progress in achieving UPE. Botswana's achievement is attributable to its buoyant economy and a coherent approach to education even prior to the MDGs. However, the country will need to address the challenges of delivering quality primary education and not just expanding accessibility or enrolment. In addition, many pupils drop out at the primary level without any assurance that they've achieved the expected level of quality primary education.

Introduction

Since the inception of MDGs in 2000, there have been various opinions relating to the rationale, feasibility, operationalisation and realization of the goals. Some have hailed the goals as giving hope to efforts at addressing global public goods while others critique the attempts as ambitious and unrealistic. Easterly (2009) makes an observation that though the goals are good, they are unfair to other regions such as Africa in terms of targets setting and measuring performance. For Easterly, it would appear that an assumption is made that the starting point is equal for all, though we know very well that some regions start from a deplorable base. Some regions have higher comparable starting points for all goals than Sub-Saharan Africa and South Asia. Indeed, Chibba (2011) points out that South Asia may even be worse than Sub-Saharan Africa in terms of the starting point for some goals. Easterly (2009) therefore argues that MDGs' performance measurement must recognize the starting points differences. For proponents of the goals, the goals are good as they provide the means of holding countries accountable as they committed themselves. Also through the goals, a focus for development is created where all can look at themselves and at each other to assess their plans towards attaining the goals.

Others have questioned the feasibility of the goals themselves (Vandemoortele 2002) and on their worth (Haines and Cassels 2004). Sceptics argue that previously, international declarations had not delivered

much and that the MGDs risk being a bit ambitious. Even those considering them feasible have noted that they would most likely not be met by the target period (Sahn and Stifel 2003). A few countries in the developing world, and Sub-Saharan Africa especially, may meet some goals. For instance, Kenya was judged to stand a chance to realize the goal on enrolment of all children by the target period (Sahn and Stifel 2003). Proponents, however, argue that overall, progress will be made even if the targets are not met. At operational level, Vandemoortele (2009) faults MDGs for assuming that cash injection would automatically address the goals. He raises an argument that cultural settings and other situational factors play a role in determining implementation and progress towards the goals. A similar argument is raised by Chibba by asserting that culture and situational factors ought to have been considered in setting the goals (2008; 2010).

The historical progress resulting from MDGs have led to arguments that MDGs should be seen as performance measures that gauge progress (Fukuda-Parr, Greenstein and Stewart 2013). There continues to be debates about whether MDGs are for advocacy purpose or are to be pursued as one-size-fits all targets (Vandemoortele 2009).

The target year of 2015 has also become questionable as the set period approaches. The dual crisis (financial and economic recession) which began in 2008 has meant that many countries experienced slower economic growth and in some cases negative growth rates. As the success of the goals is contingent upon substantial cash injection, the dual crisis dried up coffers and hence less assurance on goals progress. The dual crisis has meant reduced access to finance for many countries, lowered foreign direct investment, increased unemployment and reduced development budgets. Although monitoring reports before the crisis may have pointed to realizable goals by the target period, the crisis came to blight the marked promise. Status reports from individual countries by the United Nations reveal that some countries were still far behind in some goals even though the overall may have showed significant progress in many goals. A good example is the Botswana status report (Republic of Botswana and United Nations 2010) which concludes that Goal 2 is likely to be met by the target period.

Irrespective of varying opinions, the MDGs have clearly become useful international discourses of development. They also have in many ways influenced development budgets and had affected the flow of international donor funds. As the world considers what follows from the MDGs, it's important to take stock of the impacts of specific goals on development in respective countries. This study sought to assess how the goal of UPE has been implemented in Botswana and what its achievements are. With respect to UPE, the target is to ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling. Indicators used for monitoring progress for this goal are net enrolment ratio

in primary education; proportion of pupils starting grade 1 who reach last grade of primary school and literacy rate of 15–24 year-olds, women and men.

Provision of UPE in Botswana

UPE in Botswana was introduced in 1980. Two basic prerequisites were necessary to actualize this goal. First, school fees were abolished to remove prohibitive requirements for access to education. Secondly, there had to be enough spaces for all those who wanted to attend school. To realize this goal of having enough schools, the government of Botswana initiated the Primary Education Improvement Program to improve access to educational facilities. The success of the Primary Education Improvement Program was made possible by Botswana's buoyant economy in the 1980s, which was dubbed Botswana's exceptionality (Tsie 1997).

The economic success of the time came mainly from diamond mining. Its contribution to the Gross Domestic Product (GDP) rose from zero per cent in 1966 to 40 per cent in 2004 (Bank of Botswana 2006). At independence, the major contributor to the GDP was agriculture, which declined in the same period to 2 per cent. By the end of 2006, Botswana had a per capita income equivalent to US\$4526, and was therefore classified as an upper middle-income country (Bank of Botswana 2006). As a result, Botswana was able to spend handsomely on education and other services. Thus, 'school enrolment has improved over the years with over 90 per cent of primary school aged children enrolled in primary schools' (National Development Plan—NDP 9:1997, 17).

The 1977 National Policy on Education and its revised version of 1994 (Revised National Policy on Education), a blueprint for Botswana's education system, provided Botswana with a coherent approach to achieving UPE. The Revised National Policy on Education re-introduced the 7-3-2 system [earlier on, Botswana had introduced the 7-2-3 system comprising seven years of primary, two years of junior secondary and three years of senior secondary education], comprising seven years of primary, three years of junior secondary and two years of senior secondary education. The first 10 years form the period of basic education to which all children of school going age have a right (NDP 9 - 1997, 337). Some of the strategies to achieve the policy objective of universal access to primary education were to increase access and equity and improve the quality and effectiveness of primary education. This was to be achieved through the provision of more primary schools to keep up with increasing enrolments. Government also undertook to take primary education to children in remote areas.

Compared to many countries in Sub-Saharan Africa, Botswana introduced UPE at an earlier stage. For instance, Uganda only introduced UPE in 1997 and even then the policy limited the number of beneficiaries per family. Specifically, only up to four children of school going age were entitled to

the benefits from largesse of UPE, especially free tuition. Parents were still expected to procure exercise books, stationery, and uniform as well as provide meals for their children. This has tended to compromise enrolment especially from disadvantaged families, hence the slow pace in recording impressive progress.

In 1997, the Government of Botswana developed a long-term vision: *Towards Prosperity for All*. On education, Vision 2016 states: “By the year 2016, Botswana will have a system of quality education that is able to adapt to the changing needs of the country as the world around us changes. Improvements in the relevance, quality, and access to education lie at the core of the Vision for the future” (1997, 3).

Consequently, this goal guides decisions on education, particularly the design of future policies and programs.

Signing onto the Millennium Declaration, Botswana actually committed herself to the logic of the MDGs, which of course resonates well with the country’s development dreams espoused in Vision 2016. It is worth noting that this national dream of an educated and informed nation was visualized before the advent of the MDGs such that by the time many countries adopted the MDGs, Botswana already had her own model of MDGs in the form of the national Vision 2016. This would imply that when Botswana adopted the MDGs in 2000, she had already started implementing the MDGs. For instance, Botswana had introduced UPE in 1980, twenty years before the Millennium Declaration. Her adoption of the MDGs was thus a mere formality for her to be seen as part of the global project. If anything, MDGs only gave impetus to what was already being worked on and possibly provided Vision 2016 with some form of global feel and legitimacy.

The country’s planning system that is guided by National Development Plans (NDPs) as well as the ideals of Vision 2016 had long laid down a firm foundation for Botswana to achieve the MDGs. For instance, over the years government expenditure on education has been considerably high, averaging more than a fifth of the annual budget (Republic of Botswana and United Nations 2004). This has guaranteed children of primary school going age uninterrupted primary schooling.

Progress in Achieving UPE in Botswana

Enrolment Rate

Prior to the country’s adoption of MDGs, estimated net enrolment rate for children aged 7 to 13 years (primary school going age) was consistently above 85 per cent. Between 2000 and 2012 estimated net enrolment rate peaked to as high as 93.1 per cent (Republic of Botswana and United Nations 2004). As already stated, in simple terms, primary education is offered free of charge in all public schools. Thus, it can be concluded that in general terms particularly with respect to achieving access to primary

education, Botswana has an opportunity to move closer to attaining the goal by the target period. This of course will require more commitment to the goal to ensure that it is on course to achieve the set target. This is despite fluctuations in the net enrolment rate which is shown in Figure 1.

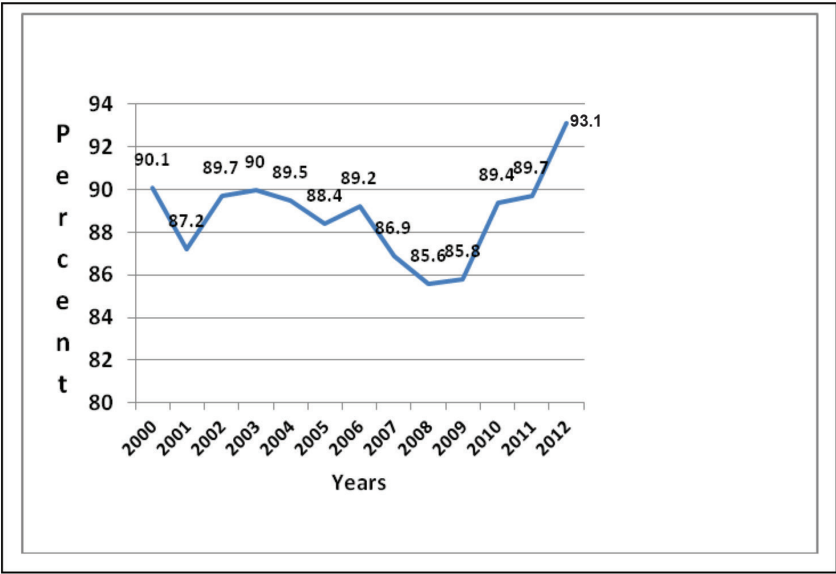


Figure 1: UPE Net Enrolment Rates, 2000-2012
SOURCE: CSO (2012)

It is widely recognized that the last 5 per cent represents what is called ‘problem groups’ (McGillivray 2008, 35) that require tailored policies and programs. These could include remote area and nomadic communities. This category often makes it difficult for many countries to achieve a 100 per cent access to primary education, including other developed countries like Australia, where the participation of aborigines in education is on the whole erratic and to some extent impeding absolute and consistent 100 per cent enrolment. The net enrolment rate of 93.1 per cent in 2012 means that there is about 6 per cent that was not reached by the education sector. These represent a challenge for the time being before end of the target period. Although Botswana’s performance is promising, efforts must go towards bringing them on board for the goal to be fully realized.

Completion Rate

In terms of the ability of children to complete schooling after enrolment (completion rate), it is noted that the Botswana situation has slightly improved. The completion rate from grade 1 to last grade of primary for the years 2009 to 2012 is shown in Table 1.

Table 1. Survival rate to last grade of primary school in 2009 – 2012

Sex	Completion Year*			
	2009	2010	2011	2012
Male	77.9	78.6	77.9	78.3
Female	83.5	85.3	84.0	84.9
Total	80.6	81.8	80.9	81.5

SOURCE: Statistics Botswana – Education Statistics 2012.

*Figures reflect rates for pupils who started standard 1 six years prior to the completion year.

The continued lagging behind of the completion rate to the enrolment rate raises fears that some may be leaving school before they acquire essential cognitive skills for literacy.

Table 2. Primary school enrolment and completion rates for the years 2009 - 2012

	2009	2010	2011	2012
Enrolment and completion				
Enrolment rate	85.8	89.4	89.7	93.1
Completion rate	80.6	81.2	80.9	81.5

SOURCE: Statistics Botswana – Education Statistics 2012.

Gender Equity

In terms of reducing gender disparity in education by 2015, it is noted that Botswana has made remarkable progress. Whereas Sub-Saharan Africa has the lowest rates in respect of gender equality in primary education, with 93 girls to 100 boys (McGillivray 2008), as measured by female-to-male net primary enrolment, Botswana's situation which shows that more boys have been enrolled in primary schools than girls (female enrolment accounted for 48.8 per cent in 2009), is explained by the country's sex ratio at birth where males are more than females (Republic of Botswana and United Nations 2004; CSO 2009). Other than this natural occurrence, Botswana has achieved gender equity in formal education.

Literacy Rate

In terms of literacy rate of 15-24 year olds, the last national literacy survey in Botswana showed that almost 94.0 per cent of all people aged between fifteen and twenty-four years are literate (Republic of Botswana 2003). This age group has the highest literacy rate in Botswana.

Challenges for Botswana

School Dropouts

Although Botswana has registered progress on universal access to primary education, there are some threats to this progress. These threats include; instances of school dropouts, issues related to quality education, equity, and unforeseen challenges like the 2008 financial and economic crisis. In Botswana, most threats related to access, quality, and equity to education have been noted to be more prevalent in the western regions of the country and occurring especially among the San minorities (Pansiri 2008). The challenge with dropouts is that they diminish the gains of accessibility and have negative effects on both the completion rate and literacy rate. Whereas there are varied reasons for dropouts, the principal one at primary schools for the past years has been desertion of school by pupils. Desertion is here defined as leaving school without any reason being given.

Table 3. Primary school drop-outs by reason, 2005 - 2008

Reason for drop-out	2005		2006		2007		2008	
	No.	%	No.	%	No.	%	No.	%
School fess	41	0.5	21	0.8	34	0.9	30	0.8
Expulsion	9	0.1	4	0.02	1	0.2	5	0.1
Illness	196	4.1	160	3.8	154	4.2	125	3.4
Death	161	3.0	119	3.1	126	3.5	116	3.2
Marriage	7	0.1	3	0.1	3	0.2	2	0.1
Pregnancy	119	2.9	115	1.6	64	2.6	67	1.8
Desertion	3,930	81.9	3,228	60.8	2,472	85.0	2,970	81.9
Other	163	7.4	291	29.8	1,209	3.5	312	8.6
Total	4,626	100.0	3,941	100.0	3,941	100.0	3,627	100.0

SOURCE: Education Statistics 2008 - Statistics Botswana (2012).

As is the case with dropouts, poor performance is also an issue especially in rural areas and more so among cultural minorities. Maruatona (2002) faults this on the failure of the curriculum in Botswana to recognize and support differences in language, culture and socioeconomic status. In as much as the western region and cultural minorities have a larger share of dropouts, they also tend to have lower literacy rates.

Relevance and Quality of Education

On the target of improving the relevance and quality of basic education, there are fears that improved access may have compromised quality. For instance, Vision 2016 Coordinator, Dr. Collie Monkge acknowledges that although Botswana has made significant progress in MDGs, there are still

teething problems: “For example, take the issue of [basic] education for all; it is common knowledge that on paper a lot has been done but on the ground, the quality of education being offered still leaves a lot to be desired” (*The Telegraph*, July 28, 2010).

Both access to education and quality education remain uneven across regions, with remote regions way behind others. Poor performance has increasingly become a common feature in many rural areas.

The relatively poor quality of education is perhaps due to over-emphasis on achieving universal access to primary education without corresponding measures to raise the quality of education provided. ‘Thus, in placing emphasis upon assuring access for all, these instruments mainly focused on the quantitative aspects of education policy’ (UNESCO 2004, 28). Thus, it is possible that the country was somewhat content with the number of years one has to spend in the classroom rather than equally focusing on quality or the worth of the endeavour; hence the system continues to produce schooled idiots, an education system that is apparently failing the nation and corrupting children (*Sunday Standard*, 11th October, 2009).

Global Financial and Economic Crisis

Since investment in education is largely dependent on public funding, a reversal in government revenue will have a ripple effect on the provision of school facilities which will directly impact on enrolment targets and the quality of education. Thus, the global economic crisis meant reduced government revenue and as it is common in many developing countries, education is often the immediate casualty. The education sector in Botswana had to discontinue in-service training for teachers on account of dwindling revenues as a result of the economic and financial crisis of 2008. In his State of the Nation Address in 2009, His Excellency the President of the Republic of Botswana commented that:

Given the current financial limitations that government is faced with, and also the need to rethink our strategies and spending patterns in future, we perhaps need to pause and review all the training that has been funded to date and evaluate its impact on the economy. I am concerned about the state of disrepair of some of our public institutions. Trade-offs on whether to spend on training more people or maintaining the structures that have clearly become a health and safety risk should be considered (Republic of Botswana 2009, 26).

Of course there is nothing wrong with reviewing existing expenditure patterns and making trade-offs, but it is important to note that the proposed review of existing expenditure patterns only surfaces under the education sector. Nowhere in the discussion of other sectors has there been an emphasis on a re-ordering of priorities.

Role of Civil Society Organizations

Civil society organizations' role in supporting the country to achieve UPE is perhaps more recognizable in the area of establishing pre-schools and private primary schools commonly known as English medium schools. These schools operate side by side with public schools but unlike in public schools where admission is free, English medium schools levy fees that are usually out of reach for many households. However, the quality of education in English medium primary schools is far superior compared to that of public schools. The curriculum in English medium schools is also broad and rich allowing children to acquire valuable skills, knowledge and attitudes necessary for future learning endeavours. Thus, English medium schools have set pace on quality issues and it is only reasonable that public schools draw experiences from the administration of English medium primary schools to raise their quality of education.

Overcoming the Challenges

The Revised National Policy on Education (RNPE) among others seeks to improve access, equity and quality education. The RNPE as well as Early Childhood Care and Education Policy have been promulgated to provide a system of quality education that is responsive to changing needs. Thus, the two policies provide a platform for mitigating the challenges faced by the education system. When the MDGs were signed on in the year 2000, Botswana was already head on in dealing with literacy and wider education challenges. Goal 2 of the MDGs found Botswana already pursuing universal basic education. It was therefore easy for Botswana to adopt MDG goal 2 into its already compliant policy framework. The challenge was to expand access and to improve quality or relevance and equity.

The access issue has largely been addressed, save for pockets that need to be specifically identified through research and addressed as per their conditions. In pursuing access, quality may not have received a corresponding attention. Also there are other challenges that present as threats to access such as school dropout problems. This leads to a scenario where the completion rate is lower than the enrolment rate. There is also need for further research on the quality of these dropouts to ascertain whether at dropout time they had already acquired skills sufficient to make them literate and whether they are all to re-enrol for their studies.

The last literacy survey in Botswana showed no gender disparity in accessing education (Republic of Botswana 2003). What may remain as issues of equity may be cultural minorities and regional differences. There is need for a more focused research to clearly determine the differences that may be there and apply relevant remedial measures. One such area needing research is on the use of mother tongues as medium of instruction for primary schools. Addressing it would likely address issues of relevance and equity in education.

Quite often children whose parents do not speak the national language, Setswana, grow up without being adequately prepared to use the language. This means that when they enrol for primary schooling where Setswana language is used as the medium of instruction, these children are disadvantaged from the onset. Linguistic diversity or the use of mother tongues or ethnic languages especially by children from minority ethnic groups during the formative years of schooling could facilitate their integration into the education system.

Conclusion

If the MDGs have presented some conceptual, operational and feasibility challenges as implied by some literature (Easterly 2009; Chibba 2011; and Vandemoortele 2002), that was never the case in Botswana. This is mainly because most of the goals were merely affirming the commitment that Botswana had earlier set for herself through her periodic National Development Plans, various sector specific policies (such as those in education and health), and the Vision Council (Republic of Botswana 1994a; Republic of Botswana 1997 and Vision Council 2009). As such, commitment to the goals was never in doubt in Botswana, as may have been the case in other countries (Haines and Cassels 2004). The commitment to provide UPE in Botswana has been judged to be commendable. Several monitoring tools point to a promising scene as some notable progress has been made over the years (Republic of Botswana and United Nations 2004; 2010; Republic of Botswana 2012 and Vision Council 2009). The basic education initiative which aims to enrol eligible pupils of school going age has gone a long way in making education accessible. There are, however, loose ends especially in quality assurance, retention of gains realized, equity and dealing with unexpected shocks such as economic and financial crisis. Such shocks may exacerbate the ever nagging question of cash injection.

Though accessible, education in Botswana may fail the relevance test in that children in primary schools may not be taught in their first language in some regions of the country. This may be the case in regions of the country that are not well serviced and developed generally. Maruatona (2002) argues that the universal approach to education in Botswana evidenced by a centralized curriculum fails to be relevant to some cultural groups in Botswana. This brings to light the neglected issue of cultural and situational variations in the operationalisation of the MDGs. This failure to recognize cultural and situational differences is pointed out as an undesirable feature of MDGs (Easterly 2009; Chibba 2011). Botswana appears to have fallen in the trap of assuming that there is a known and perhaps common start point for the countries across the world.

Prospects for meeting goal two of the MDG by the target date of 2015 are high (Republic of Botswana and United Nations 2004 and Vision Council 2009). Whereas the goals are coined to show case what remains undone,

massive progress would be registered in comparison to the starting point of the goals. This tallies with arguments that MDGs should be seen as performance measures that gauge progress (Fukuda-Parr, Greenstein and Stewart 2013). However, indications are that the goal will be met.

MDGs are related in some big ways and central to their achievement is recognition of this inter-dependence. Any attempt to pursue the goals as distinct from one another is likely to be meaningless. It is commonly acknowledged that education is probably society's most potent force for emancipation (from ignorance, poverty, etc.) such that each step in the education process should be seen as a building block for future success in many other areas. As UNESCO observes, education of each individual has the possibility of making others better off. Thus, when government lends a casual attitude to primary/basic education the achievement of other MDGs is likely to be mediocre and in the extreme, may produce unintended consequences.

Admittedly, the Government of Botswana's commitment to providing universal access to primary education is commendable and has ensured that a sizeable majority of children of school going age have an opportunity to enrol for primary education. This has been possible partly because of a prosperous economy, good governance and political stability. Other mineral rich countries have not used proceeds of such wealth to benefit the entire country as is the case in Botswana.

Unfortunately, there seems to have been over-emphasis on quantitative aspects of education at the expense of qualitative aspects. This has unfortunately compromised the quality of education in public primary schools. It is therefore critical that government takes a conscious decision to shift emphasis from assuring universal access towards providing quality education in public schools. However, emphasis on quality should not be seen as a substitute for issues of access and equity.

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4

The Challenges of the Implementation of MDGs in a Fragile State: Universal Primary Education and Gender Equality in Madagascar

Mireille Rabenoro

Abstract

What does it mean to implement a global development agenda in a fragile state? This study analyses implementation of universal primary education (UPE) of the Millennium Development Goal 2 and gender equality of the Millennium Development Goal 3 in Madagascar. The study shows that given the institutional weaknesses of the state, with political instability and policy inconsistencies, implementation of the UPE and gender equality has followed broken lines. Using the findings of the study, the chapter recommends five key peace-building and state-building goals to be implemented in the country alongside any efforts to achieve global development goals. Without first working towards achieving state stability, attempts at implementing global goals will always be precarious.

Introduction

In 2000, then President Didier Ratsiraka signed the Millennium Declaration, thus committing Madagascar to implementing the MDGs. This chapter aims at analysing the progress that the country has made towards attainment of the MDGs by 2015, with particular focus on universal primary education (MDG2) and gender equality (MDG3). A preliminary remark is that Madagascar did not develop an overall document explicitly geared towards attaining the MDGs until 2006. From 2000 to 2006, two Poverty Reduction Strategy Papers were developed and implemented, but with a view to benefiting from the Heavily Indebted Poor Countries Initiative rather than implementing the MDGs. The objectives, however, were very much the same, including reduction by half of the level of poverty, just as advocated in MDG1. It was only in 2006 that the Madagascar Action Plan (MAP) for the period 2007-2012 was developed, explicitly as the national tool to implement the MDGs. The implementation, however, had only been conducted for two years (2007-2008) when it was interrupted by the March 2009 coup d'état. Since then "no national planning framework has been clearly established", as noted in the Interim Programme for Madagascar 2012-2013 (Government of Madagascar-UN System 2012).

As the 2015 deadline draws near, it appears that in Madagascar the results of the development policies conducted since 2000 have been following a broken line. For example in the education sector, according to the Mo

Ibrahim Data Report (2013), Madagascar ranked 31st among 52 countries in Africa in 2000, moved up to 28th in 2006, and then dropped back to 31st again in 2012.

On a sub-national scale, Table 1 shows the proportion (per cent) of uneducated people from 1992 to 2004 (the net enrolment rates were not provided in the national statistics until EPM 2005). Two provinces have been selected for comparison: Antananarivo where literacy rates are the highest, and Toliara where they are the lowest.

Table1. Education levels, by place and gender

Areas and gender	1992	1997	2001	2004
Urban (Female)	24.6	15.2	30.2	23.8
Rural (Female)	46.2	33.3	53.4	36.7
Antananarivo (Female)	31.1	11.7	35.0	21.0
Toliara (Female)	54.4	54.5	62.0	49.9
Total (Male)	40.0	24.5	46.2	32.0
Total (Female)	42.6	28.6	49.7	35.7

SOURCES: EDS (1992, 1997) ; EPM (2001, 2005) ; Rapport National de Suivi des OMD (2007)

As the data for the latter years are not available because the indicators have changed, Table 2 is intended to complement the previous one. It gives the rates of literacy in 2010 among individuals aged 15 and more, by region (in 2007 the 6 provinces were divided into 22 regions. Analamanga, one of the regions that made up the former province of Antananarivo, has the highest literacy rate in the country, and Androy, in the former province of Toliara, the lowest).

Table 2. Literacy rates

Region	Urban	Rural	Male	Female	Total
Analamanga	93.8	93.5	94.3	93.0	93.6
Androy	41.4	38.5	42.8	35.5	39.0

SOURCE: EPM (2010)

The broken line mentioned above is apparent in the overall evolution of education. Illiteracy significantly decreased from 1992 to 1997, except among women of the Toliary province, only to rise again in 2001 to levels higher still than those of 1992, and went down again in the next few years, as shown by the 2004 figures. That irregular course, however, does not seem to disturb the pattern of structural inequalities – between genders, but most blatantly between the urban and the rural populations, and between

the regions. The inequalities remain the same both in periods of highs and of lows.

As far as MDG3 on gender equality and empowerment of women is concerned, progress appears to have been regular, but slows, and results are still very far from the target, as illustrated in Table 3 on the percentage of women in Parliament:

Table 3. Percentage of women in Parliament

1999	2004	2008	2009	2014
5.6	9.6	9.4	10.6	20

SOURCE: Madagascar–UNDP (2010), except for the 2014 figure

As the end of the MDG timeframe is drawing near, the question is how such poor performances relate to the context of political instability? In the first decade of the century, Madagascar experienced two profound political crises, affecting the quality of institutions. The arrival to power of Marc Ravalomanana in 2002 produced a first important crisis, although of short duration. His eviction by Andry Rajoelina in March 2009 created a second. In 2014, as a new, democratically elected regime is being set up in Madagascar, the other question is what the chances are for the country to catch up on the lost time and opportunities in the last two years to 2015, and achieve more durable progress beyond.

The study will take stock of the progress achieved in those two key sectors of education and gender, examine which aspects of it survived or not the political conflicts; to what extent the progress/regress was dependent on the strength and weaknesses of the State institutions; and what lessons can be learnt from the experience of MDG implementation to serve the future.

The results presented in this chapter were derived from interviews with key Government and donor actors. For comparative purposes the desk review also included international data from the Internet.

Madagascar: A Fagile State?

Several definitions can be found in the literature for a fragile State. According to Canada's Country Indicators for Foreign Policy project (CIFP), fragile states are states that 'lack the *functional authority* to provide basic security within their borders, the *institutional capacity* to provide basic social needs for their populations, and/or the *political legitimacy* to effectively represent their citizens at home or abroad' (CIFP 2006). This definition suits the status of the State in Madagascar, where at least the first two criteria (lack of functional authority and of institutional capacity) have applied since independence in 1960, while the political legitimacy of successive regimes has been repeatedly challenged, leading to changes of regimes in 1972, 1975, 1991, 2002 and 2009.

A broader definition comes from the World Bank, which identifies fragile states as ‘low-income countries under stress’ (LICUS). ‘LICUS are fragile states characterised by a debilitating combination of weak governance, policies and institutions’ (World Bank 2006). Such states ‘share a common fragility in two particular respects: weak state policies and institutions, undermining the countries’ capacity to deliver services to their citizens, control corruption, or provide for sufficient voice and accountability’; and they are at ‘risk of conflict and political instability’ (World Bank 2005a: 1).

In the case of Madagascar, the political instability is both a consequence and a reflection of weak institutions. An example in Madagascar has been provided by the *Haute Cour Constitutionnelle* (the Upper Constitutional Court, the equivalent of a Supreme Court, which is in charge of pronouncing an act constitutional or not: it has unfailingly declared constitutional whatever came from the ‘strong man’ of the moment, until the members of the *Cour Electorale Spéciale* – a branch of the *Haute Cour Constitutionnelle* especially created for the on-going electoral process – had to be changed after a public outcry due to their acceptance of Andry Rajoelina’s candidature to the 2013 presidential election, although it came several days after the deadline, and the official list of candidates had been published.

Such weakness in a key State institution can be accounted for through the theory of path dependency. Although the theory originally comes from economic science, it has been put to use in the social sciences as well. In a nutshell, it means that ‘history matters’, that the future is determined not only by the decisions and attitudes taken now, but also by those taken in the past, which laid the path on which to walk. In the case of Madagascar, the weakness of the Republican institutions can be explained through the colonial power’s systematic destruction of the pre-colonial institutions, starting from the colonial invasion in 1896: after the Malagasy army was defeated, the Queen was exiled, the officials of her administration either exiled or executed, and throughout the colonial period the French Republic was exalted as the only civilized form of government, and the previous order deprecated as backward. The result, in Madagascar as presumably in every former French colony, was that the type of institutions that were set up at Independence were exactly reproduced from those of the French Republic in the early 1960s. The men in charge of operating the institutions of the newly independent Republic were all the more deeply dependent as they did not take the decisions made formerly, which had been decided upon for them by the French colonial authorities. As a result, whereas the laws and institutions of the French Republic have been remoulded to suit changing situations, those of the former colony could not – in many respects they have remained the same as in 1960. Inadequate laws can hardly be enforced, nor can inadequate institutions be operated efficiently. Here lies the source of State fragility.

As the first generation of post-independence leaders disappeared, those who came after them identified themselves less and less with the existing institutions, and clearly could not convince the people to accept them. The so-called democratic institutions after the European model became more and more something of an empty shell, a pretext for wielding power for its own sake rather than as a tool to work towards national development. The case of Madagascar belies the theory often defended that post-colonial states are most resilient when the societies they contain possess a significant pre-colonial experience of statehood (Clapham cited in Chiriyankandath 2007). It could be argued that in Madagascar the pre-colonial experience of statehood had not been significant enough to go underground and re-emerge after sixty years of colonisation. However it is, the post-colonial state appears to have been weakened in essence by the policy of assimilation, which France implemented in its colonies, in contrast with the indirect rule practised by the British colonial power. The pre-colonial system became a negative reference. Through the exaltation of the French Republic and deprecation of the pre-colonial system of government conducted primarily in the educational institutions, the experience of colonisation shattered in the minds of the elite any self-confidence, any pride in the pre-colonial past or in their own role in the administration. Neither they nor the ordinary citizens had chosen the state forms and political structures that were set up at Independence. These were merely continued from the colonial administration, and the holders commonly called '*Rasolombazaha*' (the stand-ins for the Europeans). No attempt at reinstating the pre-colonial mode of government is recorded in Madagascar's post-independence history, except for a brief transition period (1972–1975) when Colonel Ratsimandrava, as Minister of the Interior, took steps to re-establish the *fokonolona*¹.

The result was flimsy post-colonial constitutional government. In Madagascar since the 1972 revolt which led President Tsiranana to step down, no government has been able to resist mass demonstrations which, although they were held mostly in the capital, hardly affecting the rest of the country, still led not only to changes of regime, but even to changes of the Constitution and of the major national institutions, if only in their names.

This points to the 'systemic isomorphic mimicry' analysed by Pritchett and de Weijer (2010), which consists in ill-adapted institutions 'creating the illusion of being a capable organization through adopting the outward forms of a capable organization, without regard for the actual functionality of the organization'. It aptly accounts for the inconsistencies, which are revealing of the fragility of the existing institutions. For example in 1990 Parliament adopted the National Population Policy (1990), which declared that 'demographic growth should be brought down to a level compatible with economic development'. Later, in 2006 the Madagascar Action Plan explicitly made free contraception counselling and methods for all one of its strategies to reduce demographic growth; and yet, the same Parliament

has forgotten until now to repeal the 1920 act which was taken by the French Parliament after the First World War and incorporated into the Madagascar Constitution at independence. The law made ‘anti-conception propaganda’ illegal and punishable by law. This is the kind of inconsistency that shows how even members of Parliament cannot identify with their own institution, believe in or respect it.

Under such circumstances, the institutions – and the state they are supposed to constitute – can only be fragile. The policies they are intended to defend and to implement are easily abandoned, due to most of the stakeholders (the people with the political or the technical responsibility) failing to identify with the institution, which they should serve. One example is how, after the 2009 coup, not only the Madagascar Action Plan was rejected, but even the individual sectoral policies contained in it, such as extension of the primary education from 5 to 7 years. The reform of the educational system, which had been worked out by the previous government as a means to improve learning outcomes at the end of primary education, was abandoned without any evaluation made.

According to Stewart and Brown (2009) in their study on fragile states, there is a clear empirical association between low average income per capita in a country and the probability of conflict. This is confirmed in the *World Development Report 2011*, which states that no low-income fragile state (on the World Bank’s list) has achieved any MDG. In Madagascar, the proportion of the population living with under USD 2 PPA per day was 91 per cent in 2012 (INSTAT 2012). Poverty is aggravated by the high, or even increasing level of inequality. According to EPM 2001, there was a slight economic growth between 1999 and 2001, but it mainly benefited the richest tiers of the population. In 1999 half the population spent only 25 per cent of the total expenses of households, and the proportion still decreased to 22.5 per cent only two years later. And in 2012, the poorest fifth of the population accounted for only 6.1 per cent of the total consumption (INSTAT 2012).

Low incomes, aggravated by ever rising inequality between the rich and the poor, the urban and the rural populations, as well as the regions, combined with political instability due to weak governance, policies and institutions as a result of historical factors: those combined characteristics make the fragile state approach fully relevant for the study of the evolution of development in Madagascar.

A Fragile Educational System in a Fragile State

Prognostics were very optimistic at the beginning of the Millennium. In 2001, the document presented at the United Nations as Madagascar’s initial Report on implementation of the MDGs stated: “*The objective of 100% enrolment rate in primary schools will be reached by 2015, if the trend which started in 1997 is continued*” (UNDP Madagascar 2001). However,

two political crises, with multiple political and institutional consequences, occurred in the meantime, in 2002 and 2009.

The path to attainment of the MDGs was not as easy as it was thought it would be. Table 4 gives a view of the evolution of two key education indicators over the last two decades:

Table 4. Primary school enrolment

Indicators	1992	1997	2001	2004	2006	2010	2012
Net primary school enrolment rate (%)	54.1*	55.4	64.9	93.3	96.2	73.4	69.4
Primary education completion rate (%)	—		—	47	57	—	68.8

SOURCES: EDS (1992, 1997) ; EPM (2001, 2005) ; Rapport National de Suivi des OMD- (2007, 2010) ; INSTAT/ENSOMD (2012-2013).

* The indicator in EDS (DHS) 1992 and 1997 is not 'net primary school enrolment rate', but the proportion of children aged 6 to 15 who were in school at the time of the survey.

**EPM 2001 does not exactly give data for that indicator. This figure is inferred from the 48% of the total population which it gives as 'uneducated'.

Table 4 shows that:

- In the fourteen years (almost the same time span as the MDGs) from 1992 to 2006, the proportion of children in school almost doubled, from barely half the population (54.1 per cent) to almost all of them (96.2 per cent).
- By 2006 the target of 'Universal access to primary education' had been almost reached (96.2 per cent), before the net primary school enrolment rate plummeted down to 73.4 per cent in 2010 and 68.8 per cent in 2012. The turning point is 2009, the year when elected President Ravalomanana was overthrown and the regime which was set up failed to obtain recognition from the international community, entailing abrupt suspension of international aid, on which the education sector was heavily dependent.
- Meanwhile, the primary education completion rate has continued rising, reaching an unprecedented high (68.8 per cent) in 2012, apparently belying the negative impact of the crisis starting in 2009. However, this seeming contradiction may be accounted for by the fact that the majority of early school leavers and children who did not go to school when they reached the age of 6 in the years since 2009 belong to the poorest strata of the population. The children who stayed in school or first started school in this period mostly

belong to households who are better off, those among which rates of success are higher in all circumstances.

That trajectory of education is typical of the implementation of the MDGs, and of development in general, in Madagascar. Three periods can be distinguished (the data below are from the 2007 National Report on MDG Implementation):

As a direct result of the recognition in the 1990s of primary education as the most important level of the educational system (all along the two previous decades the largest part of the education budget was allotted to higher education), progress was soon achieved in the sub-sector: the net enrolment rate soared from 71 per cent in 1997 to 96 per cent in 2006 (Madagascar 2007). Likewise, the retention rate rose from 31.2 per cent in 2000 to 47.3 per cent in 2006. And though the primary education completion rates are not available, 22 out of the 111 districts had a completion rate below 30 per cent in 2006, as against 29 in 2005, only a year previously. Those results are a reflection of the evolution of the budget allocated to the education sector by the Government: the proportion in the GDP rose from 2.0 per cent in 1996 to 2.7 per cent in 2002 and 3.3 per cent in 2006. Of the total allocation to education, 55 per cent was allotted to primary education.

The serious efforts made during that first period meant that, if sustained, MDG n° 2 could probably be achieved by 2015.

It was only in 2006, when the Madagascar Action Plan (MAP) was developed explicitly as a tool to implement the MDGs at national level, that primary education became officially one of the national priorities. It clearly benefited from its new status, as the efforts of the previous period were intensified: in the wake of the Government's efforts and the positive results obtained, the international community brought its contribution through the Fast Track Initiative. The latter placed the country on the fast track indeed, so that by 2008 universal access to primary education was virtually achieved by means of measures aimed at encouraging parents to send their children to school: all primary school goers were endowed with free school kits, books and uniforms and, most importantly, the Ministry of Education paid the salaries of the FRAM teachers¹¹, who until then had been paid by the parents, and provided them with in-service training. From then on, efforts could be focused on the quality of education. For example, as research had found that the time spent by children in class was the one most decisive factor as far as learning outcomes were concerned, mechanisms were devised to shorten the time teachers in the rural areas spent going to the nearest town to get their salaries every month. Another example of such measures is that the primary education level was extended from 5 to 7 years, so that learners had more time to get knowledge before they left school, and also that young people in rural areas did not have to move to town to get secondary education. Secondary schools (from the sixth year of education) were mostly in towns, the main reason why only 27 per cent of

children aged 11 to 14 were in secondary schools in 2006, and also why there are less girls than boys at secondary level: families living in rural areas (80 per cent of the total population) are usually reluctant to rent rooms in town for their daughters to live in, and the girls themselves are reluctant to walk every week back to the village to get food supplies for the next week, as shown in numerous surveys.

Besides access to primary education for all, the much more ambitious objective in that speed-up period was, in conformity with the MDG target, to improve the completion rate. A step towards attainment of that target was improvement of retention rates: the latter rose from a mere 31.2 per cent in 2000 to 47.3 per cent in 2006, partly as a result of a policy of reduction of class repeating (a major factor of early school leaving, which from 30.2 per cent in 2000 was brought down to 18.5 per cent in 2006). By 2008 more strategies were envisaged to achieve the target of 100 per cent completion of primary education. Among others, the proportion of the public budget allotted to education as compared with the GDP, though it had reached an unprecedented level in 2006 (3.3 per cent), could still have been increased until it reached the level in countries of the southern Africa sub-region of similar development level (Uganda (5.2 per cent) or Lesotho (9 per cent)). However, the momentum was abruptly arrested by the 2009 coup d'état.

As a result of the international sanctions following the March 2009 coup, education suffered from “a significant loss of public revenues leading to the under-funding of the public service sector. The latter is compounded by international donor institutions having announced the freezing of about USD 300 million that includes direct budget support” (UN Interagency Group 2009). Education is one of the public service sectors that suffered most – according to UNICEF (2011), “the State funding of education dropped from 164.8 billion Ariary in 2008 to 28.9 billion Ariary in 2010”, and despite increased donor emergency assistance to the sector, many indicators collapsed: even supposing that the 2007 net enrolment rate of 96 per cent had been overestimated (a question which will be addressed later), by 2010 it had dropped to 74 per cent, little more than its level in 2000 (71 per cent).

The setback can be accounted for by many different factors, but according to the UN Report on the MDGs 2013 (UNDP 2013), “household poverty is the single most important factor keeping children out of school”. This is true in Madagascar too, where the situation of poverty had deteriorated in 2010, with three out of every four people living below the poverty line (UNDP 2012) and concurrently from 2008 to 2010, the primary education completion rate declined by 5.3 per cent (Ministère de l'Éducation Nationale 2013). From one year to another (2008/2009 to 2009/2010), 138 000 more children aged 6-10 are estimated to be out of school – from 260,500 in 2008/9 up to 399,362 in 2009/10 (UNICEF 2011). One obvious reason is that the parents cannot face the financial load of educating their

children, which from the government has been shifted onto their shoulders, and increasingly so as the political crisis continues: the investment budget allotted to the Ministry of Education in 2012 was 79 less than in 2011 (Gouvernement de Madagascar – Système des Nations Unies 2012), and consequently for the parents the cost of educating their children has increased by 30 per cent (a UNICEF survey cited in Madagascar-SNU 2010).

A recent World Bank study (2013) has highlighted “a rapid deterioration in education indicators that coincides with the current Malagasy political crisis”. The channels identified in the study, through which the crisis impacted on education outcomes, include increase of direct and indirect costs which, combined with diminished household incomes, resulted in an increase in the opportunity cost of schooling due to the greater need for the potential income that children can generate.

Clearly MDG2 will not be achieved in Madagascar in 2015 – not in terms of universal access to primary education, let alone of completion, unless the new government takes drastic measures as it did immediately after the 2002 crisis, such as suppression of any kind of parents’ financial contribution to the running of schools or setting up school canteens, particularly in the rural areas of the more underprivileged regions. However, some lessons can be drawn from the experience, by dissociating education from the context of the political and economic crisis.

Conditions for Sustainable Growth of the Primary Education System

According to Michael Chibba (2011), progress in development and in addressing the MDGs in particular, requires among other conditions “effective leadership, including good management and coordination, at both the national and sub-national levels”. This has been proved in the case of implementation of MDG2 in Madagascar.

Government Leadership

Clear government policies appear to be crucial – the phases of progress of primary education correspond to those when the sector was set as a national priority, strategies established as tools to achieve it, and a substantial budget allotted to it, however small in absolute terms, but large in proportion with national resources. The latter has proved a powerful argument to attract foreign aid, which remains indispensable in a context of straightened public means. In particular, since the government has been barred from recruiting new regular teachers, in the wake of the 1980s structural adjustment programmes, an increasing proportion of the primary school teachers (currently over half of them) have been recruited by the communities and paid by them. The salaries of those FRAM teachers, as they are called, as well as their initial and in-service training, are now mostly paid on government subsidies to the communities. And as,

according to the PASEC study (2008), FRAM teachers have proved more efficient than regular public servants (the level of absenteeism has been proved lower among them, and learners' outcomes higher than among students taught by regular teachers), the government subsidies have been gradually supplied by international aid. This could not be so, among other conditions, as long as the government had not set primary education as a priority, instead of higher education for example, as was the case in the 1980s.

Another instance when the government demonstrated strong leadership is when it decided late in 2007 to integrate government action in education into a single Ministry for all levels (from preschool to university) and all types of education (vocational education, literacy), whereas it used to be the Ministry of Secondary and Primary Education (in that order) on the one hand, the Ministry of Vocational Education on the other hand, the Ministry of Higher Education and Scientific Research still on another hand, and the Ministry of Population which was in charge of preschools and literacy. Such an organisation seemed to work, as it eliminated undesirable competition between several different Departments, and the Ministry of Education could present a united front both on the national and the international stages. However, it did not last long enough (one year, in 2008, before the March 2009 coup brought about a new regime which split the Ministry of Education into several departments again) to afford sound evidence for a case.

The Responsible Governance Challenge

Even in a context when education was on top of the government agenda (it was Commitment n°3 in the Madagascar Action Plan, just after Poverty Reduction and Better Governance), the system remained fragile: although the State allotted a large proportion of its resources to education, and the level of international aid, on which it was heavily dependent, had reached unprecedented highs, the educational system remained weak in terms of capacities, particularly at decentralized levels – regions, districts and communes, hence its low efficiency.

A study on the resource flows in the primary education sector (Francken 2007) concluded that “there is low financial capacity and accountability at the decentralized levels: (1) a large number of schools [...] do not receive the money or equipment they are entitled to; (2) there are reports of surpluses and leakages for all items investigated in the 2007 tracking survey; (3) bookkeeping at the decentralized levels is limited and capacity is low”. Unsurprisingly, in a country with a tradition inherited from French colonisation, where the administration is highly centralised, the lower the level down the vertical administrative organisation, the weaker the capacities. The rural structures, from the district through the commune level to the individual schools, which are the majority, are consequently those who benefit least from the endowments distributed by the Ministry of Education at central level. This is not only because they do not have

adequate capacity to receive them, but also because losses, “leakages” as they are called in the study, have been incurred already at every level upstream. This is one important component of institutional weakness and State fragility.

Furthermore, the national educational system clearly lacks what Chibba (2010) calls “a competent and dedicated cadre of professionals”. As a matter of fact, although in the 1990s there were more teachers working in offices, doing administrative work, than in classrooms, there are no structures to train administrative professionals for education. Typically, at the Ecole Normale Supérieure where teachers for upper secondary schools are trained, school administration and legislation is taught in one course among forty in the five-year curriculum. In many rural primary schools, where one or two teachers are in charge of all five grades, the one who has been working there first is automatically appointed headmaster/headmistress. The same informal principle applies to *chefs ZAP* (heads of the educational structures at commune level), who are usually chosen among younger men, in preference to older men and women of all ages, because they have to walk, or at best to ride on bicycles or motorcycles, long distances to the various schools they have to supervise, particularly in the western and southern regions where the population is sparsely scattered over large tracts of territory. A more rational training system certainly needs to be established to train administrative professionals of education, so that the use of the human, material and financial resources may be optimized.

Beyond lack of training, lack of ownership of the system, which has remained largely top-down, as it was in colonial days, can be identified as a major factor in the fragility of the educational system. At micro level, this is revealed by the rate of teacher absenteeism, which according to PASEC (2008) is 2.5 days a month (as compared with a low of 1.3 in Côte d’Ivoire in 1995 and a high of 4.7 in Senegal in 1995).

At intermediate level, corruption may be both a sign and a factor of the fragility of the educational system. The World Bank study (2013) identifies it as one of the signs that “the level of governance also appears to be in recession since the crisis”, and mentions that Madagascar’s place in Transparency International’s ranking of countries according to the perception of corruption has slipped, from 85th in 2008 to 100th in 2011.

Corruption certainly exists in education as it does in other sectors, but no precise data have been made available to date, so that it is impossible at this stage to determine whether corruption, in the form of fake certificates, sale of exam subjects or admission in an overcrowded school for example, as repeatedly reported in the press, is widespread enough to be harmful to the whole system. Still less visible, but reportedly quite common nowadays, is the bribing of the persons in charge of human resources, either to get recruited in a context of much reduced recruitment, or to get appointed to a large town, preferably the capital. The practice is damaging to the policy of

equity initiated in the 1990s, in which districts in need of teachers advertised the vacancies, and teachers were recruited only to work at a specific school. This was intended to correct the acute disparities between urban and rural schools and between districts, with the former getting a disproportionate number of teachers.

At government level, the 2009 coup caused a general disruption which caused the donor community to take the lead, pushing national authorities into the background. For example, in the report on vulnerability assessment conducted soon after the March 2009 coup (UN inter-agency 2009), the authors envisaged the possibility of “special audit arrangements for any funds traversing the government”. More recently, it was reported that the partners of education have entrusted the UNICEF country office with the management of the Fast Track Initiative (FTI) fund, with a view to “securing it so that it goes directly to the beneficiaries” (UNICEF 2011). The FTI, which in the pre-crisis period had largely contributed to the quantitative leap towards the achievement of MDG n° 2, is intended to alleviate the financial load on the families, through key interventions such as paying the salaries of the community teachers or providing school kits to the children, particularly in the rural areas where poverty is most acute. It thus appears that the survival of the system heavily depends on donors not only financially, but also morally, for want of a better word: it seems that the donors have found too many loopholes in the chain of supply from them to the beneficiaries to leave the dispatch in the hands of the national authorities. After almost five years of dysfunction, plugging those loopholes will require strong political will. The donors’ direct intervention, however, has not been enough to stop the decline of primary education, from the viewpoint of access, retention and completion.

What Use an Education? The Question of Adequacy

Ownership implies usefulness. If education is considered useless by the beneficiary communities, then it will not get support from it, and be fragile – a superposition over the ‘real’ world. The situation of gender in education in the southern regions (Atsimo Andrefana, Androy, Anosy) has long been quoted as a rather sensational exception, with higher enrolment rates among girls than among boys in primary education. In fact it is not because girls are favoured; it is related to the low consideration in which formal education is held. Families consider that it is more important for their male heirs to learn cattle raising than any of the subjects taught at school. The lack of adequacy has been confirmed by statistics (UN Interagency, July 2009): heads of household who have completed primary education make the majority of the poor (61 per cent), while heads of household with no education are ‘only’ 27.7 per cent. The paradox points to poor quality of the education provided, in terms of relevance to the learners’ needs; hence an issue of: (a) motivation among the children and their parents (why make education a priority in severely restricted circumstances, or even situations of bare survival of the household?), and (b) of cost effectiveness for the

Government and international donors who support operation of the educational system at great cost.

Another source, Coury and Rakoto-Tiana (2010a), which has investigated qualitative obstacles to schooling, indicates that 17.5 per cent of respondents said that they were not going to school “because the knowledge is irrelevant/uninteresting”. The question of adequacy of the contents of the education provided thus appears to be central in attainment of universal completion of primary education.

Selected External Factors

The Demographic Issue

A study (PASEC 2008) has calculated that the number of children in the primary schools of Madagascar multiplied by 1.6 from 2001 to 2006, which means an average annual growth of 9.9 per cent. If compared with the average of 3 per cent growth of the population, the increase is revealing of the significant progress achieved in terms of access to primary education over the first half of the MDG span. The progress is all the more impressive as during the same period, the reduction of the demographic growth advocated by the National Population Policy (1990) was slow: the fertility rate estimate of 6.0 children per woman established by the 1997 Demographic and Health Survey (DHS) declined only to 5.2 according to the 2003–2004 DHS, and the number of school-going age children has been fast increasing. This is a serious challenge if universal access, but most importantly universal completion of primary education, is to be achieved. One key issue in that respect is the training of teachers: the number of trained teachers made available every year must keep up with that of new schoolgoers, particularly in a context where the teacher-learner ratio is high – the teacher-learner ratio is about 60 learners per teacher, while it is generally admitted that there is negative correlation between a high ratio and the learners’ academic performance (PASEC 2008).

Household Poverty

According to the latest United Nations MDGs Report (2013), “children and adolescents from the poorest households are at least three times more likely to be out of school than children from the richest households.” In Madagascar, the principle can be measured by means of contrasting the proportions of uneducated women (of all ages) among the poorest (43.1 per cent) and the richest (3.5 per cent), and among men (39.8 per cent and 2.7 per cent, respectively). The same discrepancy also appears in the proportion of uneducated women in rural areas (22.5 per cent) and in urban areas (5.9 per cent) and men (19.1 per cent and 3.5 per cent, respectively). Beyond the issue of poverty, that of disparities – in other words, of inequality – also needs to be addressed: between the poor and the rich, men and women, living in rural and in urban areas, those living in underprivileged regions and those in the richer ones. The data would suggest that the children who

require most attention in terms of opportunities in general, and of access to education in particular, are girls of poor families living in rural environments.

To conclude, the current situation of primary education in Madagascar shows:

- i. How the education sector is closely dependent on the political context. It has the potential to be improved in comparatively short periods, as shown by the 2000-2006 and 2006-2008 achievements, provided the political will is sustained enough to carry the actions of reform and consolidation through. However, the educational system is still too fragile for the achievements to be capitalised – more than any other single strengthening factor, it requires a sound corps of competent professionals to serve it, particularly at decentralised levels. They need to be trained to understand and implement the policies decided upon at central, Ministry of Education level, but also, most importantly, to participate in the development of such policies. It is a primary condition to protect the progress achieved in the sector towards attainment of the MDG from being annihilated by recurrent political fits of instability.
- ii. That education is also dependent on the economic context and its impact on households. However committed the parents may be to the education of their children, in situations of shock priorities are reshuffled, and where the family lives on the borderline of bare survival, education will be sacrificed. To make it worse, times of difficulty usually coincide for the government and for the households, so that the government calls on the households to provide extra financial effort precisely at a time when they can least afford it. In such a context, campaigns such as the one currently led by UNICEF encouraging parents to send their children to school again, in an attempt to reduce the number of the 900,000 children out of school in 2011 (as against 138,000 in 2008), have little chance of success unless all costs, except opportunity ones, are removed from the parents' responsibility.
- iii. That foreign aid, though absolutely necessary, is not a sufficient condition, and cannot replace government leadership nor families' commitment to the education of their children.

Gender Equality: Slow and Precarious, but Real Progress

“The objective of a 100 ratio of the number of girls over the number of boys in primary and secondary education can be reached long before 2015, though certain family and social discriminatory practices which hamper girls' access to education will have to be abolished” (UNDP Madagascar 2001). The results may be quite close to the target in 2014, but this indicator was deemed not enough to advance gender equality, so that the

targets of women-men parity in paid non-agricultural work and in national Parliaments were added later.

A Decade of Relative Progress

In Madagascar targets related to women's representation in decision-making are quite recent. The proportion of women members of Parliament was used for the first time as an indicator in the Madagascar Action Plan (2006). It was reinforced by President Ravalomanana signing the Southern Africa Development Community (SADC) Gender and Development Protocol in 2008. As for the proportion of women in the paid non-agricultural workforce, it was used as an indicator only in the 2010 Report on MDG implementation.

An Assessment of Gender in Madagascar: Progress and Resistance

According to the latest Global Report on the MDGs (UN 2013), "Gender parity is closest to being achieved at the primary level; however, only 2 out of 130 countries have achieved that target at all levels of education." In Madagascar, in over a decade, the gender parity index in primary education very slightly rose from 0.96 in 1999 to 0.97 in 2008 (Madagascar-SNU 2010). The national average has been bordering on parity, but with significant variations from one region to another, sometimes in favour of girls, sometimes in favour of boys (Coury and Rakoto-Tiana 2010a). The situation is practically the same at secondary level, with a proportion of girls which, for some undocumented reason, dropped from 49.5 per cent in 1999 down to 48.9 per cent in 2008. In higher education, where the disparity is greater than at lower levels of education (with a ratio of 0.73 in 2012), the proportion of women greatly varies according to the usual gender stereotypes, from very high at the Faculties of Arts to low at the Faculties of Science in the various public and private institutions, through equal proportions at the Faculty of Medicine or of Law. As assessed in the 2010 National Report on the MDGs, achievement of MDG target 3A on parity in primary education is indeed probable, although Madagascar is very far from meeting the target on completion of primary education by all children, boys and girls alike. The latter target is more of a challenge for Madagascar than the former one.

According to the UN World Report on the MDGs (2013), the proportion of women in wage-earning, non-agricultural employment in Sub-Saharan Africa improved, from 24 per cent in 1990 to 33 per cent in 2011 (as against 40 per cent globally in 2011). In Madagascar it seems rather risky to give any such appraisal, as the statistics offered by various sources greatly vary, between 11 per cent in 2006, according to the 2007 National Report on MDGs, citing the 2006 Human Development National Report, and 46.9 per cent in 2010 (INSTAT, cited in Madagascar-SNU 2010). Such a dramatic leap within four years seems unlikely, considering other statistics that indicate that only 3.5 per cent of women are employed in the

formal sector (INSTAT 2005), as against 6.7 per cent of men – almost twice as many, although the total number remains very low. Such inconsistency, as will be discussed further on, probably points to unfamiliarity with gender indicators among the statisticians who design the methods of data collection and interpretation.

Obviously very little is known concerning gender in the employment sector, which needs to be further documented. However, the few studies available all suggest that discrimination against women is still widespread: 47.3 per cent of working women are in situations of inadequate employment, as against 39.3 per cent of men (Madagascar-SNU 2010). The average level of women's salaries is only 66 per cent of that of men (Madagascar-UNDP 2010), and in the rice-producing regions, the daily salaries of women farm labour are traditionally half those of men, on the grounds that the latter's work requires more physical strength – although women farm labour work much longer hours. In the modern sector, the 2007 National Report on MDGs cites surveys which revealed discrimination in recruitment, in salaries, and also dismissal of pregnant workers. Women occupy only 38.4 per cent of managerial and technical positions in the public administration and the private sector, and the incomes of working men are estimated at 1.36 as much as those of working women.

However, isolated measures are sometimes taken against such discrimination. For example, in 2013 the Ministry of Labour initiated and pushed a law through the Transition parliamentary body, establishing the same retiring age (60 years) for women and men workers in the private sector, whereas for 24 years since the CEDAW was ratified in 1989 it used to be 55 for women and 60 for men. It is now too early to tell how long it will take for the new law to translate into reality.

More surveys, conducted along more sophisticated orientations than the mere proportion of women in paid non-agricultural employment, by gender trained economists and statisticians, need to be made to get a more accurate and more precise picture of the situation of women in the world of employment.

From the point of view of women's representation in political decision-making, the composition of the recently defunct Transition parliament deserves special comment: the members were not elected, but appointed by the various political forces who signed the Roadmap to put an end to the crisis in Madagascar in September 2011. The latter provided that all the members of all the Transition institutions would be appointed following three criteria, i.e. political, regional and gender representation. The politicians who signed the Roadmap were deft at bargaining over the first two principles, but the third one was largely ignored, despite advocacy by women's organisations. That suggests that although politicians often argue that the large majority of electors are not ready to elect women to represent them, in Parliament or any other institution, the real reason why women

parliamentarians are so few is political calculation: for politicians, competition is harsh enough without adding one more criterion – gender.

Beyond the proportion of women in Parliament, the Women's Participation Index generally remains low: a mere 0.396 in 2001, it even declined to 0.368 in 2005 and then rose again to 0.408 in 2008 (Madagascar-UNDP 2010). More recent data are not available yet, but the existing ones suggest a broken line, just as in education, which is related to the changes of regimes. The low figure in 2005 means that 12 per cent of parliamentarians were women, 9 per cent of Cabinet members, 4.5 per cent of heads of region, 3.9 per cent of mayors and 10 per cent of the members of the politburo in the political parties (Madagascar-SNU 2007). Currently, the proportion of Cabinet members has soared to an unprecedented 27 per cent, thanks to women movements' advocacy, but concurrently none of the appointed heads of region are women, and the very low proportion of women mayors (4 per cent) has still probably gone down, after a number of mayors were relieved of their duties by the Transition regime and replaced by men.

Ravaozanany (2011) has studied how women are kept away from power circles, starting within political parties, and found that only 5 of the 180 political parties refer to gender equality; that all 5 were created recently (less than 5 years before 2011), and that 3 of those 5 were founded by women, as a response to the exclusion of women from the decision-making spheres of the parties they initially belonged to. Two of those women party leaders were candidates among the 33 in the 25 October 2013 presidential election.

The exclusion of women from political processes is also reflected in the lists of electors and candidates for various elections. The proportion of women on the 2013 national list of electors varies from 53 per cent in some districts to 23 per cent in others, amounting to a national average of about 45 per cent, to be compared with a proportion of almost 51 per cent women in the general population. As for the lists of candidates to the last general elections for members of Parliament, they show an average of 15 per cent women, with proportions varying from 27 per cent in the capital Antananarivo to 3 per cent in some districts. Parity in Parliament, or even the 30 per cent objective set for 2012 by the SADC Gender and Development Protocol, is still a distant goal, although Malagasy women were given the right to vote and to be elected as early as 1959, on the eve of Independence.

However, progress that would have been unthinkable before 2000 and the MDGs has been achieved: quotas of 10 per cent women were established in 2010 for recruitment into the Military Academy in Antsirabe, where army officers are trained, and into the Gendarmerie Nationale (a branch of the army that is in charge of keeping order), whereas those two institutions used to be staunchly all-male ever since their creation at Independence. Now the top leaders have promised that the quota would be gradually increased.

Another 21st century innovation is that three institutions are currently headed by women: a woman was recently elected Chairperson of the National Assembly, whereas the Ombudswoman and the President of the National Independent Electoral Commission were both appointed. Also, two of the six elected Presidents (vice-chancellors) of Universities are women, although the University of Antananarivo, the oldest and largest, has never had a woman President.

Most importantly, both on an operational and an ideological level, the word '*miralenta*' (literally: equal levels), which was coined in the early 2000s and promisingly tested among different ethnic groups and dialects of Madagascar, has been popularized to such an extent that the neologism, which did not exist ten years ago, is now understood among large portions of the population as meaning 'gender equality'. The very concept of gender equality is now introduced in the language of politics, among others, which in turn facilitates the introduction of gender-based principles and policies with the various institutions.

The Tools: International Commitments as the Driving Force

The United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) was the first international commitment specifically on gender equality ratified by the Parliament of Madagascar in 1989. Since then, however, only one case was brought to court – by an air hostess who was forced to retire earlier than her male counterparts. Then came the Millennium Declaration, which the President of the Republic at that time signed in 2000 committing the nation to the MDGs. After Madagascar joined the Southern Africa Development Community, then President Ravalomanana signed the SADC Gender and Development Protocol in 2008. To date the country has failed to ratify the Protocol to the African Charter on the Rights of Women, apparently because of the clause on abortion (abortion remains a crime in Malagasy law).

According to Ravaozanany (2011), the international, continental, regional and national instruments concerning gender equality and empowerment of women have had limited influence on the policies of political parties. However, they did influence national legislation and policies. The law on equal shares of the household assets between divorcing husband and wife, which was voted in Parliament in 1990, is obviously a direct application of

CEDAW (since pre-colonial times, under a principle named *kitay telo andalana*, the husband took 2/3 of the assets, and the wife was entitled only to the rest). CEDAW was undoubtedly the trigger for continued claims for equal rights. Even almost twenty years after its ratification, it still served as a basis for legal reforms, such as the legal minimum age for marriage, which from 14 for women and 17 for men, became 18 for both (2007), or ratification of the convention on the nationality of married women (2008), under which both men and women can keep their initial nationality after marriage. However, most of the provisions of CEDAW have an individual scope, or may concern specific groups of women. Its scope belongs to private rather than public law. Consequently it does not have the resonance of the MDGs or of the subsequent international commitments, which were carried by the heads of state who signed them for integration into national law and policies.

After the change of regime in 2002, the MDGs were left almost forgotten for the first few years of President Ravalomanana's regime. In 2000 the National Policy for the Promotion of Women (PNPF) and in 2003 the National Gender and Development Action Plan (PANAGED) were developed, but were left unused for years before they were finally presented before the Council of Ministers, whence they should have gone on to Parliament, which they never did. None of the structures devised in the PANAGED were set up, except for gender focal points in a few Ministries, and the Ministry in charge of gender failed to find any funding for any of the activities.

As mentioned above, the Madagascar Action Plan (MAP) indicators were inspired from the MDG methodology based on the theory of change: starting from the 2005 baseline, targets were set for 2012. Under the Commitment on Gender Equality and Empowerment of Women, the proportion of women in Parliament was to rise from 12 per cent to 30 per cent, the number of women in the Cabinet from 1 to 6 (they are now 9), their numbers in regional and local institutions were to be multiplied by 3, and the differences in salaries in the private sector were to be reduced by half, i.e. from 36 per cent to 18 per cent. Implementation was interrupted even before a mid-term evaluation could be done, but the MAP experience remains interesting as a serious attempt by the top Government officials to adapt the MDGs to the national context.

Signing the SADC Gender and Development Protocol was undoubtedly the one move that triggered most change in the gender sector in Madagascar. In the wake of the signature of the SADC Protocol, regional NGOs, notably EISA (the Electoral Institute for Southern Africa, now renamed the Electoral Institute for Sustainable Development in Africa) and Gender Links, brought their experience and skills to help structure and galvanise the rather timid civil society organisations. Until the 1990s, women's associations had worked mainly for social assistance purposes, and their objectives were related to the traditional roles of women. In 1990 then First

Lady Céline Ratsiraka had championed the CEDAW and lobbied to push women into official positions at local level. Since 2008, women's organisations such as the Platform for Gender Equality and Development, AINGA 30–50 (the Movement for 30 per cent women in decision-making positions by 2012 and 50 per cent by 2015) or the National Council of Women have engaged in political activism in a much more vocal way, claiming for improved representation in decision-making spheres, along the SADC Protocol lines. The activities – and funding – of regional NGOs brought increasing numbers of people into interaction with counterparts in the SADC region, from which Malagasy activists until then had been isolated for lack of opportunities due, among other factors, to language barriers.

Two lessons are to be drawn from the experience of the last thirteen years. One is that international instruments do have the potential for change at national level, but that ratification by the national Parliament is not enough to make them effective – they need to be championed, either by public credible figures, or by civil society organisations. The other lesson is that civil society organisations must play the role of guardians of the gains obtained, where regimes lack the stability and political forces the maturity to do so. The progress of gender, which had gained momentum in the last few years of President Ratsiraka's and President's Ravalomanana's regimes, was arrested in the turmoil of the 2002 and the 2009 political crises, respectively, even suffering setbacks before picking up again – the same broken line revealed in the study of education.

Consolidating the Progress

Factors of Precariousness: Institutional Weakness and Ideological Conservatism

Since 2000 gender progress has suffered from the swings of the pendulum, as described above: three regimes have succeeded one another within a decade, and a fourth one is currently taking over. Each new regime/President has turned out to have their own priorities as they begin a term, and gender equality has not been one for any of them. It is only after a few years in office, when they have attended to what they consider more urgent matters, that they begin to pay attention to the less urgent, including gender. This can be measured by comparing the number of women in the Cabinet (who are appointed by the President) at the beginning and at the end of the term of any President. But before they have had time to transform the results of good will, or of opportunity (for example, choosing a woman to head the list of election candidates who are presented by the party of the President) into a rule or a law that would still be valid under a different regime, the Presidents had to leave office in more or less unconstitutional circumstances, and the next one followed exactly the same gender path. This is likely to go on indefinitely as long as gender is perceived to be a secondary, or a luxury good, as opposed to the basic

necessities of power keeping, a value 'imported' from abroad, from the Western world, as contrasted with 'real' traditional, indigenous values.

This is a major challenge posed by institutional weakness, the result of the 'systemic isomorphic mimicry' described above, which entails weak capacity for capitalization. One definition gives capitalization as "a process consisting in enhancing accomplishments. When applied to development projects and programmes, experience capitalization [targets] knowledge, information deriving from experiences and lessons drawn from the implementation of the activities" (FRAO/WARF 2009). In Madagascar, with respect to gender as to other politically dependent fields, what little progress has been achieved recently is overturned, even when it has been enshrined in the official national policy, as was the case of gender equality and empowerment of women in the Madagascar Action Plan. Even when a principle has been integrated into the law of the land, it may still be vulnerable, as a new President has proved to be synonymous with a new parliament, whose members (even though they may be the same people) will be willing to vote any amendments to the Constitution, as proposed by the new man in power. It is an aspect of the State fragility entailed by a former colony inheriting the institutional system of the colonial power. The institutional organisation in Madagascar today is very much the same as what it was in France in the 1960s, but whereas the latter has served as a tool for modernisation (e.g. since 2000 France has a law on gender parity in election lists), in Madagascar the institutions are empty shells which are used mostly by the successive men in power to suit their own power needs. The State itself is fragile, not immune from upheavals that may result in its own negation, as epitomised by the Transition law-making bodies, whose members have been appointed, not elected. It suffers from lack of credibility and efficiency, so that instead of offering a stable, reliable guarantee of security for the progress achieved, it bears the factors of precariousness. The women's organisations will have to be vigilant about article 6 of the 2010 Constitution which they have lobbied to insert, reading: "The State shall favour equal access of men and women to the different positions in the public and private sectors and in all aspects of economic, social and political life". The 20 per cent women in Parliament who were elected on 20 December 2013 will have to be sensitised on the need to make the article more operational by means of bills and decrees which they will have to promote among their colleagues.

The arguments of ideological conservatism, in this instance of antifeminism, are basically the same in all human societies, so they will not be discussed at length here. Just one example will be given: in a declaration published on 17 November 2013, the Conference of the Roman Catholic Bishops of Madagascar, having described all the ills affecting the Malagasy society, attributed them chiefly to "globalisation, which is imposing the enforcement of *miralenta*". On inquiry, it turned out that this was meant as a condemnation of homosexuality, but the use of the neologism '*miralenta*' created, as explained above, to refer to gender equality, is likely (or

intended?) to create confusion in the minds of the audience, and is revealing of the view of gender equality as foreign, as opposed to the status quo as culturally genuine. Equally well-known is the argument that gender quotas are undemocratic, as the (male) vice-chair of the Association of Gender-Sensitive University Students claimed at an OSSREA debate on 25 July 2012.

Only in the form does opposition to gender equality offer a feature that may be considered characteristic of Malagasy antifeminism. According to Rabenoro (2012), Malagasy antifeminists are seldom aggressive; they usually choose denial of inequality as a weapon. For example, the leaders of political parties will proudly argue that there is a women's branch in their party, though its main function really is promotion of the male leaders in times of elections, and social assistance to the poor in ordinary times (Ravaozanany 2011); or industrial managers will argue that they protect the rights of women by prohibiting them from working on night shifts, though the female workers may claim for the right to work at night because it means better pay.

Despite all the challenges still to be met, and though in terms of gender, Madagascar started from lower down than many of SADC countries and still ranks 14th among the 15 members, for failing to take any decisive step towards equality, objectively progress has been achieved. The Mo Ibrahim Index provides a useful summary of the evolution of gender in Madagascar: the score, which was 56.3 in 2000, dropped to 50.5 in 2003, but picked up again, rising to 56.7 in 2007 and up to 69.6 in 2012 (MIF 2013). The gender score is all the more remarkable as the Participation and Human Rights score (which includes, besides gender, such rights as freedom of the press, of association and assembly, political rights, effective power to govern, etc.) has gone steadily down, from 71.5 in 2000 to 64.1 in 2006 and 42.8 in 2012, or a total of – 28.7 points from 2000 to 2012. In the context of the Transition regime, in which participation and human rights are so badly treated, the progress of gender can be rightly attributed to the activism among civil society organisations.

Because it was so closely dependent on political turbulences, gender progress followed a broken line that left little room for capitalisation. Hopefully, however, the rise of civil society activism, following Madagascar joining the SADC in 2008 and benefiting from the dynamism of gender movements within the sub-region, will contribute to improving the country's capacity for capitalisation, straightening out the broken line in the process.

Carrying the Fight beyond 2015: Quotas and Gender Training

Institutionally some strong points can be selected as offering potential starting points for stepping up gender progress into the next fifteen years. These include first of all article 6 of the 2010 Constitution, based on which, as explained above, more specific and operational rules will have to be

developed. In so doing, useful relays for the civil society organisations are the Gender and Development Committees which were set up in the parliamentary bodies in 2011 and 2012. If they are elected back into Parliament, the men and women members will have had some experience of designing and defending gender-sensitive bills. The same applies with the Association of Gender-Sensitive Mayors, created in 2010, that are expected to expand after the next elections until they reach the 30 per cent proportion generally admitted as the critical threshold.

The judiciary offers a model of a gender-balanced institution: the number of women judges (333) is slightly less than that of men (365), but there are slightly more women judges in the higher courts (129) than men (115) (COI-UNFPA 2008). However, numbers is a necessary, but by no means a sufficient condition for equitable representation. In many institutions, there may be similar numbers of men and women of equal qualification, but men hold the large majority of senior positions. Political will, the result of awareness, is required for deliberate consideration of the gender criterion: women heads of courts gradually became the majority only after the first of a line of four women was appointed Minister of Justice in 2002.

The example of gender in the judiciary, however, though a model, also shows how precarious such progress can be: a President may appoint a man Minister of Justice, who might appoint other men as heads of courts. Such gains must be guaranteed against political hazards by means of gender quotas. Another key to sustainable progress is the training of gender specialists. In many respects, such as gender relations in the economic world, as mentioned above, or their variations by region, the gender issue remains largely unexplored in Madagascar, which hampers decisive progress. The lack of reliable data is due mainly to the lack of trained specialists. As advocated by Elise Henry (2010), general practitioners of development should work in close collaboration with gender experts.

Even nowadays official documents sometimes may contain such inconsistencies as are revealing of a lack of gender training among the technicians who wrote them. One significant example worth analyzing here is the 2010 National Report on Human Development. In the 138 page-long report on the theme of employment, only 6 pages are devoted to gender (one paragraph on the gender-specific human development index, and one paragraph on the entrepreneurs' genders). Gender is not mainstreamed into the report. For example, even data on access to microcredit is not gendered, although it is a fact that the majority of microcredit users are women. In another instance, the report reads: "Empirical studies conducted in some Anglophone and francophone countries have shown that micro-firms headed by men have a growth rate and survival probability comparatively higher than those headed by women. However, empirical studies conducted on micro-firms in Madagascar have shown that the entrepreneur's gender does not significantly affect the growth of micro-firms" (translated by the author from Madagascar-UNDP 2010). However, the data provided by the

‘empirical studies’ which are used concern neither the growth nor the survival of firms, but merely the legal form of firms headed by women (whether they are public or private companies, and whether they keep regular accounts or not). Moreover, in the document those data are not even compared with those concerning men-headed firms. The gap between the purpose of the study and the choice of indicators, on the one hand, and between the nature of the indicators and their interpretation, on the other hand, suggests that the introduction of gender is merely perfunctory. The general practitioners of development, as Elise Henry (2010) for *Genre en Action* calls them, who developed the guidelines for the National Report on Human Development (including UNDP staff who proofread the report), were obviously not used to mainstreaming gender into a larger framework; nor were the statisticians who collected the data nor the analysts who interpreted them.

This gender critique of official documents may also include the 2007 National Report on the MDGs. At the end of the chapter on Gender Equality and Empowerment of Women, sound, specific recommendations are made, such as a gendered national budget or the instauration of quotas in nominating the candidates to all elections. But the final conclusion is unexpectedly vague and unrelated to the preceding recommendations: “Improved welfare among households, as induced by poverty reduction, will inevitably strengthen equality between the sexes and the autonomy of women, because the latter provide essential support to the family” (translated by the author from: Madagascar 2007). The view expressed in that conclusion, that gender inequality is merely one of the consequences of poverty, and so will disappear by magic or automatically as soon as the economic circumstances of families have improved, is distinctly conservative in that the status of women is seen as undistinguishable from their traditional domestic role as mothers. Moreover, underlying the statement is the characteristically Malagasy denial of any gender issue per se. This, as will be expanded on below, is a typical example that suggests that in the post-2015 document that will succeed the MDGs, gender should be given still more marked emphasis rather than mainstreamed into the whole – in the national contexts where gender is still fledgling, there is a serious risk that it would just be left unattended.

To date, in Madagascar’s training institutions, no gender training opportunities are offered except for a few isolated initiatives, such as the module supported since 2011 by regional NGO Gender Links at the School of Journalism of the Faculty of Arts of the University of Antananarivo. A UNESCO project funded by the European Union has also recently started training teachers of various disciplines from the six universities of Madagascar, but specific training for vocational institutions like the Military Academy, the National Police School or the Schools of Law is still in the making. A Gender Observatory was created in 2007 as part of a local NGO under the aegis of francophone network *Genre en Action*, but it is dependent for data on the National Statistics Institute, which itself lacks the

gender capacity necessary to design and operate the tools to build a much needed database to make gender baselines available in various sectors. Such a database is indispensable for specialists to use in their branch of activity – for teachers to build their teaching, for judges to make their court decisions gender-sensitive, etc. An in-service gender training session for judges in 2010 showed that none of the participants had ever used the CEDAW to make court decisions, and that some had never even heard about it, although it had been ratified by Parliament and had become part of national law over twenty years before.

One field in which gender training is absolutely necessary, and which deserves special attention, is the fight against gender-based violence. As in many countries where the rule of law is still a long-term objective, gender-based violence is usually kept quiet, particularly when it occurs in the domestic sphere. A study has revealed that in Antananarivo 35.5 per cent of the women interviewed had been victims of domestic violence in the last twelve months, but that the violence is seldom reported (Quashie Doro 2010). Based on the Malagasy saying '*Tokantrano tsy ahahaka*' (literally: Domestic matters are not to be laid out), a battered wife will refrain from reporting to the Fokontany (the basic administrative unit at urban area or village level), where she will usually be advised to go home and get reconciled with her husband, nor to the police station, where victims of domestic violence are known to have been raped by policemen. In recent months a green telephone line has been advertised in the streets of the capital for child victims of sexual assault, but it is of limited scope as yet. Neither at community level, nor at police training institutions are the laws concerning gender-based violence made known. It is only in rare cases, when a complaint manages the long, puzzling road to a justice court, that it has any chance of being heard and addressed in conformity with all the conventions and agreements to which Madagascar has committed itself. On a larger scale, exactions from members of institutional bodies have remained unpunished. For example, for months in 2011, military campaigns were organized in the south of the country allegedly to arrest a notorious bandit. The operations commandeered by the highest authorities of the Transition regime, though they never resulted in arrest of the bandit, did imply setting fire to whole villages and mass raping of women and girls. In that instance, gender training seems to have been sadly missing – among journalists who failed to report on the facts in any gender-sensitive manner, among Army authorities or parliamentarians who never ordered any serious investigation into the events.

It thus appears that along with the establishment of quotas, gender training is key to sustained progress of gender in Madagascar. Both are essential means to protect it from the hazards of the recurrent political turbulences characteristic of a fragile State.

Conclusion: Madagascar Meeting the MDGs – Straightening out the Broken Lines and Beyond

The study of the evolution of education and gender in Madagascar since 2000 has shown how progress in those two sectors has followed a broken line which corresponds to changes of political regimes. To secure the progress achieved at any given stage, to make capitalisation possible, it will be necessary to straighten out the broken line, and to do so, to encourage what the United Nations Secretary General has called ‘credible political processes’ complemented with ‘justice, security, job creation and social services’ (UNSG 2012). Those are essential ingredients: (i) of the peace building that the country will have to undertake to give any chance of durability to the regime currently being established after the December 20, 2013 elections; and (ii) of the State building that should have been started at Independence in 1960, to give the institutions some substance, with civil servants truly to serve them.

State Building as a Means of Neutralising MDG Disablers

Discussing reconstruction in post-conflict countries, the United Nations Economic and Social Council identified MDG disablers and MDG accelerators (ECOSOC 2010). In Madagascar the disablers that could be identified are mostly institutional – a weak, fragile State built on isomorphic systemic mimicry, as previously described, characterised by such features as the gap between the law and its enforcement; fickleness of politicians; or the failure of the rule of law. Among the main consequences of the fragility of the State are the loss of State authority and the many aspects of insecurity, including lack of personal safety (which according to the Mo Ibrahim Index, from 49.5 in 2000 went up to 58.5 in 2008, then declined again to 28.6 in 2012, losing 20.9 points from 2000 to 2012, thus showing a broken line again), insecurity of investments (with all the consequences on the economy and job creation), and insecurity of the State itself, which has proved vulnerable to not so large street demonstrations in the capital city. Even relatively small shocks have been enough to shatter the institutions, largely because the High Constitutional Court (the Supreme Court which is supposed to be the safeguard of the institutions) has dubbed every emerging regime constitutional.

Citing a 2008 World Bank survey, Lisa Denney (2012) studies how fragile states are “the most off-track to achieving the MDGs”. However, the situations most commonly studied are those that imply armed violence and even civil war. In Madagascar there has not been civil war; there have been short outbursts of armed violence to force a President out of office, and in the south of the country violence related to cattle theft perpetrated by gangs of bandits using makeshift weapons and occasionally real guns that have found their way to them from the regular armed forces. That kind of violence has expanded in the last four years since the 2009 coup, and though it has not been seriously documented, seems to be closely related to

further loss of State authority and politicisation of the armed forces. The State is weak, cannot protect the population from violence, from racketeering, nor can it protect itself from the greed of powerbrokers eager to plunder its resources.

In such a context, political instability entails policy instability, as no one policy is sufficiently well-rooted to resist political changes. One significant example is the teaching language policy for public schools which, as Razafimbelo and Razafimbelo (2013) remark, since pre-colonial times has been through oscillations that correspond to political changes. On the other hand, “for all learners to have the same chances of getting knowledge, a primary condition is for all to understand the medium of teaching and to be able to speak” (Rabenoro I. 2013). As learners – and teachers, for that matter – have widely varying levels of understanding and speaking the languages involved (the so-called ‘official Malagasy’ and French), the impact on access to and completion of primary education, not to mention higher levels, is likely to be very serious. That is a concrete example of how political instability, which results from weak institutions in a fragile State, negatively affects policies, thus acting as an MDG disabler. For the broken lines to be straightened out, and progress to be secured and capitalised upon, the State needs to be built and strengthened.

Actors of Change: The Growing Civil Society As an MDG Accelerator

The main accelerator identified in the course of this study is the rise of civil society in Madagascar. On the one hand, long-standing organisations like the trade unions have remained undeveloped – only 4 per cent of the working population belong to a trade union, according to the 2010 National Report on Human Development; on the other hand, numerous new organisations have emerged and grown in influence in every sector of political, economic, social, professional and religious life, with types of membership and activities sometimes overlapping. For example in the huge mass demonstrations of January-March 2002, large numbers of women Revivalists were seen heading the demonstrators. Politicians have grown increasingly aware of such movements and learnt to count on their votes, which has contributed to making their discourse less demagogical and more policy-oriented. This is necessary, though by no means sufficient, to improve responsibility in the political world, an important ingredient of State building.

One important factor in the growth of civil society organisations is their engagement in the implementation of international agreements. The positive effect of the action of NGOs from the SADC sub-region has been previously mentioned in the study of the evolution of gender in Madagascar. More precisely, the annual development and publication of the Barometer of the Alliance for the SADC Gender and Development Protocol, a sub-regional organisation, has kept women’s organisations on the alert, and so have the competitions held by Gender Links every year in Johannesburg. As the latter imply local contests, whose winners are

convened to a national forum in the capital to nominate the representatives of Madagascar at regional level, they also serve as means to sensitise and mobilise relatively large numbers of men and women nationwide. The development of alternative reports on the various international commitments that Madagascar is party to also provides opportunities for civil society organisations to take stock of the progress made, although at longer intervals (every four years for example for the CEDAW). Regional instruments such as the PASEC (2008 for Madagascar), which has developed methodologies and indicators to measure the progress of education in francophone African countries, have also been useful both to the Ministries of Education and to civil society organisations, in particular by providing larger views by means of comparison between different countries.

The need to keep up international commitments has strengthened civil society; but the engagement of civil society has also enhanced national implementation of such commitments, and helped improve the quality of national reports in particular. The lack of reliable data discussed previously is partly due to insufficient capacity in terms of statisticians and analysts; but it may also be due to the complacency of senior technicians eager to please the political authorities above them. One clear example is to be found in the 2007 National Report on the MDGs, which deemed 'Probable' the achievement of MDG n° 2 by 2015, although the rate of primary education completion, which was only 47 per cent in 2004, and rose to 57 per cent in 2005, had remained the same in 2006, quite far from the target. Likewise achievement of gender equality and empowerment of women was also declared 'Probable' in the face of doubtful achievements: although near parity had been reached in education (in 2006, girls were 48.8 per cent of primary school goers, 49.5 per cent of secondary schools, and 47 per cent in higher education), only 59.3 per cent of women were literate, 11 per cent of women were in the salaried non-agricultural workforce, and 5 per cent of the members of Parliament were women. One of the roles of civil society is to rectify such errors made by the administration, which has different motivations from theirs.

In fact, difference in the respective motivations of civil servants and civil society activists may account for the fact that gender progress has demonstrated greater resilience to shock than education. In 2012, three years after the coup, education indicators had declined, despite increased aid from external donors; on the contrary, the gender situation had improved, with an unprecedented proportion of 27 per cent women in the Cabinet for example. One paradoxical explanation is that gender has not been mainstreamed as yet: the department in charge of gender is just one among seven at the Ministry of Population, one of the poorest Ministries in terms of budget and staff, whereas the Ministry of Education is the largest employer in Madagascar, and its budget one of the largest. However, gender is promoted by activists who work on a volunteer basis, whereas civil servants who require motivation serve education. Disturbances in the

established order may be used by activists to step up promotion of their cause (that is what made the leap in the proportion of women in the Cabinet possible in 2011), whereas they bring only dismay and disorganisation among civil servants performing their routine work. As a result, the education sector, being so heavily dependent on the government for human and financial resources, as well as infrastructure and management, suffered severe shock from the blows of political instability. On the contrary, the gender sector sometimes benefited from the instability, thanks to the light organisation of civil society movements and flexibility of its activists. That unbalance about the relative capacities of civil society and government institutions may be another characteristic of fragile States, but the question requires further research.

One possible recommendation, as an outcome of this study on implementation of the MDGs in Madagascar, is that the country join the G7+ group of Fragile and Conflict-Affected States, who have developed five Peace-building and State-building Goals: (i) Legitimate Politics (*Foster inclusive political settlements and conflict resolution*), (ii) Security (*Establish and strengthen people's security*), (iii) Justice (*Address injustices and increase people's access to justice*), (iv) Economic Foundations (*Generate employment and improve livelihoods*), and (v) Revenues and Services (*Manage revenue and build capacity for accountable and fair service delivery*). All five goals, which are considered prerequisites for achieving the MDGs in fragile states, seem to suit the needs of Madagascar when constitutional normalcy is restored as planned for 2014 and the country can turn to mid-term goals again. They could help provide the framework within which disablers could be minimised and accelerators optimised, and other goals could be addressed without the constant risk of progress being overturned.

Looking to Post-2015 Goals

To conclude this study, it seems appropriate to discuss the MDGs and the targets attached to them – their relevance, their applicability to national contexts, and their efficiency as tools for development. As far as the Madagascar experience is concerned, State building is the pivot around which all other goals should evolve. State building includes, as advocated by the G7+ Group, security – another key element which may well have been, in the words of Lisa Denney (2012), ‘the missing bottom of the MDGs’.

From this study it can be concluded that the very first of the future goals should remain the reduction of poverty. In a way, all the MDGs are interrelated, but each and all are related to poverty. According to the 2013 World Report on the MDGs, ‘The poorest children are most likely to be out of school, and children and adolescents from the poorest households are at least three times more likely to be out of school than children from the richest households.’ However, the finding at global level that ‘Girls are

more likely to be out of school than boys among both primary and lower secondary age groups, even for girls living in the richest households' does not hold in Madagascar, where the rural/urban disparity is far more serious than the gender one. This supports the organising principle of the MDGs, which is likely to be that of the future post-2015 agenda too – in the hierarchy of priorities, poverty reduction must remain the primary goal, whereas disparities must be addressed as secondary targets, as they may vary from one national context to another.

That being said, gender equality too must remain a principal, independent goal. It should not be mainstreamed into other goals in the post-2015 agenda, as suggested by some analysts and planners: gender equality is a moral principle, which needs explicitness, special emphasis, or it will be forgotten among many other priorities. Even as a full goal among the MDGs, gender equality tends to be neglected. Even recent works (for example, Michael Chibba 2011) commit a reduction of gender equality to its education dimension. It is sometimes considered that the latter alone is of universal value, while the two other targets are for groups of feminist activists to pursue. The objective should be to make gender itself part of the mainstream, which is far from being the case now, with only 20 per cent women among Sub-Saharan parliamentarians for example. Trying only to mainstream it into diverse sectors would be fatal to the cause, until a critical mass of gender-sensitive experts in every sector has been sufficiently trained in international and national institutions, and qualitatively and quantitatively sufficient tools have been developed and disseminated for data collection and analysis. For example, compared with the sector of education, which has reached very high levels of sophistication, affording sharp insight into the issues, gender methodologies still need to be refined. As for the targets within the goal, both the literature and the experience have shown that for some, they are not ambitious enough, whereas for others, they are too ambitious to be realistic – and feasible. The debate only shows how the MDGs (and their successors) should be used as tools (Chibba 2011) to guide national shareholders developing their own strategies, as was done in the Madagascar Action Plan. The central concern is, 'which are the really life-changing areas that are acceptable in every national context and, thus, that should be chosen as targets?' Also, redundancies should be detected and some targets reshuffled. For example, the target on parity in education, within the gender equality goal, could be re-allotted under the Education For All goal, and replaced with another target like the proportions of women among local authorities (mayors), in positions where they can really demonstrate their capacities. In Madagascar women are only 5 per cent of mayors, but all the 67 women mayors happen to have won the 'Pilot Commune' label for their constituency. Not that education is irrelevant in the gender issue, but between an educated woman and a less educated man, in many situations the choice would be in favour of the latter, particularly

where positions of authority are concerned. Power is where the gender stakes lie; education is only one way to win it.

However, the Education For All goal too should remain in the next global agenda. It is too important a human right to be just integrated into some other goal. Only the targets might be reworded. For example the ‘completion of primary school’ target could be refined. As mentioned in the first part of this study, in Madagascar the poor are to be found more among those who have completed primary education than among those who have not. This suggests that the target in its current form applies only if the learning outcomes can be actually used in real life. How arbitrary the ‘completion of primary education’ target can be is shown by the fact that in Madagascar, there were six grades in primary school at Independence, then only five for demographic reasons (not enough teachers or infrastructure for too many children), then seven in the enthusiasm of the Madagascar Action Plan, and now back to five grades again, due to lack of teachers. And yet the PASEC survey mentioned above has shown that the learning outcomes have not changed much. Rather than on completion of primary school, one target should then focus on the learning outcomes (basic reading, writing and numeracy skills) to be secured, both in and out of school. The bulk of efforts worldwide have been on formal, school education. More attention should now be paid to non-formal education, in which dramatically successful experiments have been made, though of limited scope. Shifting the focus from completion of primary school to learning outcomes would also mean extending the education effort beyond schoolchildren. It would take on board the educational needs of other groups – the youth, the women – who may be engaged in the productive world already. Non-formal education could encompass such vast fields as literacy campaigns or reproductive health education. In a country like Madagascar, where in 5 of the 22 regions half the working population has never been to school (UNDP 2010) and 31.7 per cent of girls aged 15 to 19 (girls aged under 15 are not taken into account) have started their reproductive life, it seems suicidal to leave aside such large sections of the population who play such crucial roles in the life of the nation. At global level too, most of the political impetus and financial investment has been on expansion of formal schooling (NORRAG 2013). It is time to give some more attention to non-formal education, particularly adult literacy and life skills, which in turn may serve every one of the human rights goals contained in the MDGs, and probably will be contained in their post-2015 successors.

Notes

1. The *Fokonolona* (literally: Group of people) is the traditional assembly of the citizens of a village or urban area. Colonel Richard Ratsimandrava, as Minister of the Interior (1972-1975), strove to organize them from local to national levels. The effort was abruptly arrested when its initiator was assassinated on 11 February 1975, only five days after he had been appointed head of government.

2. Due to the freezing of recruitment of new civil servants in the public sector prescribed by the structural adjustment programmes in the 1980s, the associations of students' parents (of which FRAM is the acronym in the Malagasy language) had to recruit teachers and pay their salaries.

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5

Achievements, Experiences and Challenges of Implementing the Millennium Development Goals 3 and 6 in the United Republic of Tanzania

Elizabeth M. Msoka

Abstract

This chapter assesses the achievements, experiences and challenges in the implementation of Millennium Development Goals 3 and 6 in Tanzania by the target date of 2015. Demographic, social and labour force statistics are collected from reports of the Government of United Republic of Tanzania and Non-Governmental Organisations as well as interviews. Results on the education of women show that Tanzania is sustaining good progress towards achieving universal primary education. However, the country still has one of the lowest rates of women's enrolment in higher learning. Two factors are identified for such progress: a Government strategy to increase women's access to education; and efforts made by human rights activists to encourage women. Gender equality in employment is slow due to lack of comprehensive strategies that will shift women from agriculture to non-agriculture paid jobs. Gender equality in the United Republic of Tanzania continues to be more positive for women in education than for employment. Goal 6 (Combating HIV/AIDS, malaria and other diseases) currently exhibits better progress than in previous years due to support from the Global Fund to fight AIDS, Tuberculosis and Malaria. The goal of combating HIV/AIDS, malaria and other diseases is likely to be achieved by 2015. The study recommends that efforts need to be made to improve the quality of education provided; strategies to reduce dropout among girls are required; and efforts should be made to increase women in wage employment. For Goal 6, the chapter recommends that knowledge should be provided to women on the use of condoms.

Key words: Implementation, achievements, experiences, challenges, Millennium Development Goals, gender equality, empowering women, HIV/AIDS, malaria and other diseases, Tanzania.

1. Introduction

The Millennium Development Goals (MDGs) are a set of quantified and time-bound goals for improving the human condition by 2015. They emanate from the Millennium Declaration, adopted in September 2000 by the Governments of 189 member states of the United Nations (UN 2000) and subsequently reaffirmed by the international community at the

International Conference on Financing for Development held in Monterrey and at the World Summit on Sustainable Development held in Johannesburg in 2002. The United Nations Millennium Declaration of 2000 set eight MDGs to be achieved by 2015. Each of the goals has specific stated targets and dates for achieving those targets. These goals rank from 1 to 8 as follows:

- Goal 1: Eradicating extreme poverty and hunger,
- Goal 2: Achieving universal primary education,
- Goal 3: Promoting gender equality and empowering women,
- Goal 4: Reducing child mortality rates,
- Goal 5: Improving maternal health,
- Goal 6: Combating HIV/AIDS, malaria, and other diseases,
- Goal 7: Ensuring environmental sustainability, and
- Goal 8: Developing a global partnership for development.

Tanzania is one of the 189 nations which endorsed the MDGs in September 2000 as part of the internationally agreed development goals at the General Assembly of the United Nations. Achieving MDGs in Tanzania could bring about dramatic changes to the lives of millions of people now living below the poverty line and would be a big step in the country's strategy for total poverty eradication as envisioned in its Vision 2025. Of the eight MDGs, Tanzania has adopted six as priorities in its major policy documents and national action plans. These include Education, Health, Agriculture, HIV/AIDS, Water and Infrastructure, Environment and Gender, which are treated as cross-cutting issues.

The approach that the Tanzanian Government took in the implementation of the MDGs begun with the localization of MDGs into various national policy documents. This was prompted by the Government's desire to fight poverty and meet its international obligations. The MDGs have been integrated into medium-term programmes, beginning with the first-generation Poverty Reduction Strategy Paper (PRSP) (2000/01–2003/04) and the second-generation National Strategy for Growth and Reduction of Poverty (NSGRP I) (2005/06–2009/10) and NSGRP II (2010/11–2014/15) as well as the Poverty Monitoring Master Plan and sector monitoring arrangements (URT 2000). The overall aim of PRSP was to halve absolute poverty by 2010 and eliminate it by 2015. The PRSP provided a basis for increasing public resources to poverty-related sectors. In the year 2005, a National Strategy for Growth and Reduction of Poverty (NSGRP), popularly known as "MKUKUTA", was launched. MKUKUTA representing the second-generation Tanzanian PRSP, was approved in April 2005, and covers the period 2005-2010. MKUKUTA aims at achieving "faster, more equitable, and sustained growth." The basic tenet of MKUKUTA is that growth is necessary but not sufficient for poverty

reduction. MKUKUTA thus emphasises the need to pay attention to equity issues as well as equitable growth which focuses on reducing inequalities and enhancing livelihood opportunities for the poor. Equitable growth is supposed to entail improving access to and use of productive assets by the poor, addressing geographical disparities and ensures equal and universal access to public resources. The universal principle spelt out in MKUKUTA provides a foundation which obliges the state to assume primary responsibility for promoting gender equality.

Despite significant efforts attained by the Government of Tanzania, there is no MDG-specific study carried out to investigate the experience, progress and challenges for implementing MDGs, except the general Government MDGs monitoring programmes. Hence, its progress and challenges remained unknown. This chapter examines the experience, progress and challenges of Tanzania in the implementation of MDG 3 (Promoting gender equality and empowerment of women) and MDG goal 6 (Combating HIV/AIDS, malaria, and other diseases) over the last thirteen years. The findings from this chapter provide a guide to the implementation of new global partnership for poverty eradication and transformation through sustainable development.

Tanzania is one of the poorest countries in the world and is ranked 159th out of 177 countries based on the Human Development Index (UNDP 2007). Poverty in Tanzania is concentrated and more widespread among women than among men (Macha and Mdoe 2002). Estimates from 2007 suggest that women's income levels are half those for men; approximately 60 percent of women in Tanzania are estimated to live in poverty (URT 2009a,b). Moreover, HIV/AIDS, malaria, and other diseases accelerate the burden of poverty on women.

The chapter employed both qualitative and quantitative information analysis. Data was gathered through reviewing documents and interviewing key informants. The qualitative data were analysed using Ethnographic Content Analysis Techniques where constant comparison was employed for discovering emerging patterns. Quantitative data were analysed with the aid of Statistical Package for Social Sciences (SPSS), and producing descriptive statistics.

2. Implementation of MDG3

Table 1. Goal 3 targets and their corresponding indicators

Goal no. 3	Target(s)	Indicator(s)
Promoting gender equality and empowering women	Target 3a: Eliminate gender disparity in primary and secondary education, preferably by 2005 and at all levels of education no later than 2015	• Ratio of girls to boys in primary, secondary and tertiary education • Ratio of literate females to males of 15-24 year olds • Share of women in wage employment in the non-agricultural sector • Proportion of seats held by women in national parliament

2.1 Ratio of Girls to Boys in Primary, Secondary and Tertiary Education

The Government of Tanzania recognizes the role of education in bringing about socio-economic development through the provision of quality education and training at all levels; it is also committed to provide compulsory primary education to all children. A strategic priority of the Government of Tanzania since 2000 has been to “increase women[’s] access to education in order to narrow the gap between boys and girls in primary, secondary and in all levels of education no later than 2015”. It has taken several measures to increase the ratio of girls to boys in primary, secondary and tertiary education. These include integrating issues of equal access to education into National Strategy for Growth and Reduction of Poverty (NSGRP). The National Strategy for Growth and Reduction of Poverty (NSGRP) initiative, popularly known as MKUKUTA, underscores the importance of education as an effective tool for poverty reduction and improving the quality of life (URT 2004). Goal 1 of NSGRP states that ‘Ensuring equitable access to quality primary and secondary education for boys and girls, universal literacy among women and men and expansion of higher, technical and vocational education’.

The Tanzanian government also formulated Women and Gender Policy in 2000. The policy calls for removal of barriers that hinder women’s access to education and training to the limits of their abilities. To achieve this the Ministry of Education has done the following: made primary education universal and compulsory, established co-education for girls secondary schools, increased female trainers in vocational and technical schools, increased construction of girls hostels, and eliminated user fees for primary education. The above measures contributed in improving girls’ school enrolment in Tanzania (URT 2008).

2.2. Ratio of Literate Females to Males of 15–24 Year-olds

Literacy skills is the ability to read and write, do math, solve simple problems, and access and use basic technology (URT 2011b). Literacy and basic education are the foundation that enable people, including youth, to access, participate in, make use of and shape the contemporary education and learning opportunities that nourish literate communities and societies. Literacy is a pre-requisite for socio-economic and political development in any society. To improve ratio of literate females to males of 15–24 years-olds, the government of Tanzania has increased expansion of primary, secondary and universities together with expansion of non-formal education programmes. The intention of this strategy is to increase ratio of literate women and men. Tanzania in 2003 had only 12,815 primary schools and 1083 secondary schools; in 2011, Tanzania had 16,001 primary schools and 4367 (Basic Education Statistics in Tanzania 2012). In 2000, it had only 12 universities and 28 universities in 2012 (Tanzania Commission for Universities 2012). This indicates that Tanzania is making initiatives to improve the level of literacy among young people.

2.3. Share of Women in Wage Employment in the Non-Agricultural Sector

Access to employment in the formal sector determines women's economic empowerment (Meena 2002). In Tanzania it is estimated that women, especially rural women, provide 80 percent of labour force in rural areas and produce 60 per cent of food production (URT 2010a,c). It is also estimated that women make up about 43 percent of the total numbers of operators in the micro and small enterprises sector (Msoka 2013). This figure is very low when compared with the economically active population outside of the agricultural sector in Sub-Saharan Africa or in the micro and small business sector in the informal economy, which is 92 per cent for women and 71 percent for men (Tundui 2012). The government of Tanzania has made efforts to enhance women's economic capacity out of agricultural sector through making credit facilities available to women, supporting women and building their entrepreneurial skills, improving their management capabilities, increasing training and access to technology. The foremost initiative was the establishment of the Small Industries Development Organisation in 1974, whose mission was to empower entrepreneurs (women entrepreneurs inclusive) through training, credit, advocacy and market information. Since the 1980s, various micro-finance institutions, commercial banks as well as the credit guarantee schemes were established with the intention of providing financial support and training to entrepreneurs (Makombe 2006). Amongst such institutions are Women Development Fund, Tanzania Women's Bank, and Small Entrepreneurs Loan Facility. Similarly, there are various commercial banks which provide microfinance services to women entrepreneurs, which include, National Microfinance Bank, Cooperative Rural Development Bank, and Akiba Commercial Bank (Makombe 2006; WB 2005).

2.4. Proportion of Seats Held by Women in National Parliament

The government of Tanzania reaffirmed its commitment towards achieving MDG3, through improving representation by women in political positions. The promotion of women's participation in politics and decision making is among the four critical areas of concern of Government of Tanzania for meeting MDG3 (URT 2005). Accordingly, the government has passed various regulations and taken affirmative action to include women in decision making. For instance, the Parliament passed a Bill in 2000 that assured 33 percent of seats in the local Government Councils and 20 percent of the seats in the Union Parliament (URT 2000). Moreover, since 2000, the government made various efforts to ensure that 30 percent of women occupy leadership positions in all government structures. Activities included conducting mass media campaigns, workshops and seminars to motivate women to contest for leadership positions; development of women's database and directorate of women advancement in key ministries and women units in the regions and districts within the government structure.

Numerous women NGOs and CBOs have been established alongside women wings in all political parties registered in the country. These women NGOs and women wings in the political parties provide for a forum to women to address not only social and economic issues, but also political issues. Amongst the NGOs that have been established to improve awareness and support women are Tanzania Gender Networking Programme (TGNP), Tanzania Media Women's Association and Tanzania Women Lawyers Association. The advent of political pluralism in Tanzania increased in the political arena in line with the provisions of the constitution of the United Republic of Tanzania as amended from time to time. The constitution recognises women's capacity and the right to participate in politics, social and economic life of the country (URT 2012b). The right to vote and the right to stand for election are provided equally for men and women. This was practiced successfully in the 2005 and 2010 general elections. This is a clear indication that there is a conducive environment for women to participate freely and equally with men in politics and decision making in Tanzania (URT 2012b).

3. The Actual Achievement

3.1 Ratio of Girls to Boys in Primary, Secondary and Tertiary Education

Data on net primary enrolment for 2011/12 show improvement over 2003/4. In 2011/12 the key achievements in the education sector included increased enrolment of both girls and boys at primary level although the proportion of girls decreases as they move up in the education ladder.

3.1.1 Ratio of Girls to Boys in Primary Schools

Enrolment ratio in government and non-government primary schools has shown impressive progresses between 2003 and 2012 (Table 2).

Table 2. Enrolment in government and non-government in primary schools from STD I-VII, by sex

Year	Enrolment ST I			Enrolment ST I-VII		
	Boys	Girls	Total	Boys	Girls	Total
2003	763,044	718,310	1,481,354	3,365,420	3,197,352	6,562,772
2004	697,594	670,721	1,368,315	3,626,241	3,456,822	7,083,063
2005	680,087	668,350	1,348,437	3,855,712	3,685,496	7,541,208
2006	666,890	649,837	1,316,727	4,051,676	3,908,208	7,959,884
2007	699,255	680,038	1,379,293	4,215,171	4,101,754	8,316,925
2008	700,524	679,666	1,380,190	4,261,831	4,148,263	8,410,094
2009	684,388	674,402	1,358,790	4,248,764	4,192,789	8,441,553
2010	681,983	674,591	1,356,574	4,203,269	4,216,036	8,419,305
2011	699,483	688,733	1,388,216	4,159,740	4,203,646	8,363,386
2012	706,321	698,677	1,404,998	4,086,280	4,160,892	8,247,172

SOURCE: Basic Education Statistics in Tanzania (BEST) (2007, 2010h, 2011b, and and 2012a).

Table 2 shows that the enrolment in primary schools has increased from 6,562,772 pupils in the year 2003 to 8,247,172 in the year 2012. Furthermore, there has been a considerable educational achievement as 4,160,892 girls have been enrolled in primary education in year 2012 compared to 3,197,352 in 2003. Enrolment of girls in primary schools has risen to 50 percent of the total enrolment in primary education. The enrolment data show that Tanzania is on track to meet the target of eliminating gender disparity in primary education by 2015. The available data show that the trend towards gender parity is strong in primary education.

3.1.2 Ratio of Girls to Boys in Secondary Schools

Between the year 2003 and 2012, enrolment in government and non-government secondary schools —has increased both for boys and girls (Table 3).

Table 3. Enrolment in government and non government secondary schools, by sex, 2003–2012

Year	Enrolment Form I-VI		
	Boys	Girls	Total
2003/2004	187578	157863	345,441
2004/2005	232636	199963	432,599
2005/2006	279754	244571	524325
2006/2007	358128	317544	675672
2007/2008	543196	477314	1020510
2008/2009	679124	543279	1222403
2009/2010	812945	653457	1466402
2010/2011	910171	728528	1638699
2011/2012	986993	802554	1789547

SOURCE: BEST (2007, 2010h, 2011b, and 2012a)

As shown in Table 3, there is an increase in total enrolment (Form I-VI) from 345,441 in 2003/2004 to 1,789,547 students in 2011/2012. Data on girls' enrolment from 2003/2004 – 2012 was consistently above and/or equal to 45 per cent, showing the possibility that Tanzania will achieve gender parity in secondary education by the target date.

3.1.3 Ratio of Girls to Boys in Tertiary Education

Table 4 indicates that participation of females in university education is low compared to their male counterpart's. By 2003/2004, women who enrolled in university education constituted 29.7 per cent of all students. Although females make up more than half of the national population, they constituted less than half of the undergraduate degree holders. In 2011/2012, a total of 166,484 students were enrolled in 43 universities and university colleges (11 Government and 32 Non-Government), female students being 60,592, equal to 36 percent. The figure offers evidence to justify the need to pay attention to gender equality and empowerment of women in tertiary education. It is unlikely that the indicator of universal tertiary education to women will be met by 2015.

Table 4. Enrolment in public and private universities in Tanzania

Year	Public and Private Universities (%)		
	Males	Female	Total
2003/2004	22,270 (70.3%)	9404 (29.7%)	31,614 (100%)
2006/2007	29,143 (64.0%)	16,358 (36.0%)	45,501 (100%)
2007/2008	56,312 (68.2%)	27,217 (31.8%)	82,529 (100%)
2008/2009	64,513 (66.7%)	31,012 (33.3%)	95,525 (100%)
2009/2010	76,712 (64.5%)	42,239 (35.5%)	118,951 (100%)
2010/2011	87,778 (64.2%)	51,860 (35.8%)	139,638 (100%)
2011/2012	106,892 (63.6%)	60,592 (36.4%)	166,484 (100%)

SOURCE: Basic Education Statistics in Tanzania (BEST) and Tanzania Commission for Universities (TCU) (2007, 2011 and 2012).

3.1.4 Vocational Education

There has been some improvement in the enrolment of girls in vocational education and training, technical education, teacher education and higher education. In 2012, the enrolment of girls in vocational education and training, technical education, teacher education and higher education was high as compared to 2011. Despite the improvement in enrolment of girls at all levels in 2012, the number of boys at all levels was higher than that of girls. In 2012, enrolment of female learners in Complementary Basic Education in Tanzania was lower (46 per cent) compared to that of male (54 per cent). The total enrolment of females in Integrated Community-Based Adult Education for both functional and post-literacy is relatively higher than the total enrolment of males in 2011 and 2012.

3.2 Ratio of Literate Females to Males

As indicated in Table 5, in 2010, 72 per cent of women and 82 per cent of men were literate. Illiteracy, like poverty, is concentrated in rural areas. Literacy rates in rural areas (66 per cent for women; 77 per cent for men) were much lower than in urban areas (87 per cent for women; 94 per cent for men). The results indicate that literacy rates have improved marginally for women since 2004/05 (from 67 per cent to 72 per cent), but less for men (from 80 per cent to 82 per cent) (NBS and ORC Macro 2005). However, levels of literacy among women still lag behind those of men by ten percentage points. In an interview, one of the respondents from the Ministry of Education and Vocational Training made this remark:

Tanzania has experienced rapid expansion of primary and secondary schooling since 2000. However, there is a lack of competence and confidence in reading, writing and numeracy for those students who complete primary and secondary school....this is due to poor quality education provided in our schools. Most schools do not have enough books and laboratories. The major challenge is that expansion of schools is high compared to teaching staff....

Table 5. Percentage of literate men and women, by residence

Areas	2004/2005		2009/2010	
	Men	Female	Men	Female
Urban	92	85	94	87
Rural	75	60	77	66
All areas	80	67	82	72

SOURCE: Tanzania Demographic and Health survey (TDHS) (2004/2005 and 2010).

The respondent's assertion agrees with URT (2012a) which indicated that about 28.6 per cent of Tanzanians cannot read and write in any language. There is more illiteracy among women (36 per cent) than among men (20.4 percent). The target of eliminating illiteracy by 2015 remains challenging particular for rural women.

3.3. Share of Women in Wage Employment in the Non-agricultural Sector

Gender equality can be measured using the share of women in wage employment. The lack of comprehensive and gender-disaggregated data makes it difficult to provide an accurate picture on the above. Some studies, however, indicate that women wage employment is low. For instance, the proportion of females in wage employment remains low as women constitute 30 per cent of paid employees (URT 2010b). Females also spend more time on unpaid care work (15 per cent) compared to 5 per cent for males. For Zanzibar, 45.6 per cent of the women were employed in the last 12 months prior to the 2010 Zanzibar ILFS. About 38.4 per cent of women were employed in the agricultural sector. Women's participation in the informal sector has increased significantly in both urban and rural areas. In urban areas of Tanzania women's participation in micro and small businesses has risen from 7 percent in 1971 to over 43 percent in 2010 (Tundui 2012).

The above results correspond to the information provided by the National Bureau of Statistics (2007/8) on how men and women spend their day and how this is divided as productive activities (paid) and non-productive activities (or unpaid labour). The information revealed that men spend a total of 5 per cent of their day on unpaid care work (less than an hour and a half), compared to 14 per cent for females (3 and a half hours per day). It also showed that females across all age groups do much more unpaid work than males; while boys work an average of 68 minutes a day and girls work nearly twice as much, which is 126 minutes a day. In the older age groups women's unpaid care work is several times as much as men's - women aged 18–49 years do an average of 277 minutes (more than four hours) of unpaid care work each day, compared to only 76 minutes for men. This

extra time which women spend in unpaid work is partly balanced by their spending less time than men on paid work. Among the population of 18-49 year-olds, the total working hours is 543 minutes per day for women and 458 for men; this allows men of this age to spend an average of 110 minutes, nearly 2 hours socialising each day, compared to only 65 minutes spent on socialising by women (URT 2006; TGNP 2009; Fontana and Natali 2008). The workload can have some negative impact on women's horizontal mobility if it impacts the time they have to invest on formal employment or even time to relax to enable them to regain energy for better performance of formal paid activities.

3.4. Proportion of Seats Held by Women in National Parliament

The proportion of seats held by women in national parliament has significantly increased from 1995 to 2010 (Table 6).

Table 6. Proportion of seats held by women in national parliament

Year	Total seats	Total women representatives (Elected, Nominated, Special Seats)	Total seats (%)
1995	269	45	16.73
2000	279	60	21.51
2005	307	97	31.6
2010	328	158	48.1

SOURCE: EISA Tanzania Women in Parliament: available at:
www.eisa.za/WEP/tanwomenrepresent.

As shown in Table 6, Tanzania has increased the proportion of parliamentary seats from 16.73 per cent, in 1995 to 48.1 per cent in 2010. The 2005 elections increased the number and percentage of women Members of Parliament from 21.51 per cent in 2000 elections to 31.6 per cent in the 2005 elections. After the 2005 elections, more women were appointed as cabinet ministers, some of them holding very strategic positions such as Minister of Finance, Minister of Constitutional Affairs, Minister of Education and Culture, and Minister of Foreign Affairs. Women's representation at the parliament reached 8 per cent for elected Members of Parliaments (MPs), 50 per cent for nominated MPs and 100 per cent for special seats MPs in 2009/2010.

The first cabinet of Tanganyika (current United Republic of Tanzania) after independence did not have a female holding a full ministerial position. Only two women were appointed as Deputy Ministers in the Minister of Health and Minister of Cooperatives and Community Development. In 1975 the first two female ministers were appointed as full cabinet ministers in the Ministry of Justice, and Ministry of National Education. Over the past four decades after independence, the story remained the same, women continued to constitute an insignificant minority at Cabinet level, which is the highest decision making organ. Following the MDG goal of improving

representation by women in political positions, and the Cabinet decision to prioritize women's political empowerment, and in line with SADCC Declaration of 1997, which had set a benchmark of 30 per cent female representation in Parliaments, a constitutional amendment in 2000 resulted in the percentage of special seats being further increased to 20 percent in parliament and 33.3 percent on local councils. Changes in women's representation in national parliaments from the baseline year of 1995 to 2010 have been impressive. Therefore, goal of improving representation by women in political positions is more likely to be achieved.

4. Challenges Hindering Progress in MDG 3

4.1 Ratio of Girls to Boys in Primary, Secondary and Tertiary Education

Data in Tanzania indicate that girls are having increased access to primary education, which is an improvement from earlier years. Enrolment ratio by sex in primary schools is on track and likely to meet the target. However, there are still gender disparities in enrolment at upper secondary and tertiary levels. Although enrolment of girls at entry level for primary and lower secondary is almost similar to that of boys, retention is small and dropout is high especially among girls, thus decreasing the progress. The completion rate especially among women is still low compared to the students who are enrolled in primary and secondary schools in Tanzania. For instance, in 2011, only 63 children out of every 100 who enrolled in Standard 1 at seven years of age completed Standard 7 by age 13. This completion rate is much lower than the MDG target of 100. These data paint a worrying picture as progress is stalled by various challenges. Thus, it is likely that the target of eliminating gender disparity in primary and secondary schools will be met by 2015 if and only if the challenges that stalled progress are addressed.

With regard to performance, girls tend to perform more poorly than boys. In 2010, 48 per cent of girls compared to 59 per cent of boys passed (URT 2011b). This reduces the chance for girls to be selected for secondary education, a key barrier to higher levels of educational access and achievement for girls. In an interview, one respondent from the human rights activists pointed out that: "...In Tanzania, boys outperform girls in terms of pass rate because of women's work load, working more than 14 hours a day. Absence of or inadequate support for home-based care add burden on girls' education and therefore they lack enough time to concentrate on studies..."

Further, a number of explanations have been offered during the interview with key informants to unravel the challenges to increasing the ratio of women to men in order to meet the MDG target of eliminating gender disparities in primary, secondary and tertiary education by 2015. Some of the reasons provided by the informants for gender disparity in retention and relatively low performance of girls in both rural and urban areas are the

cultural attitudes towards the education of girls, especially the belief that women are expected to work more both inside and outside the home; early marriage and pregnancy; and sexual harassment and violence. The high level of sexual harassment and violence that girls face, is the basic reason for girls' dropping out of school. URT (2011b) reported that in 2011, 1,056 girls dropped out of primary schools because of sexual harassment and violence. A recent study by UNICEF on violence against children in Tanzania aged less than 18 years showed that 53 per cent of females and 51 per cent of males reported physical violence by a teacher; nearly 4 in 10 females reported experiencing sexual violence while at school or when going to school; and 15 per cent reported that at least one incident occurred on the school premises and 23 per cent reported an incident that occurred while travelling to or from school (UNICEF 2011).

4.2 Ratio of Literate Females to Males of 15-24 Year-olds

Tanzania has made progress in expanding primary schools, secondary schools as well as universities since 2000. However, there are still a number of challenges that retard this initiative of improving literacy levels of females to males. The major challenge is the quality of education provided. There has been a prolonged vicious cycle of poor educational quality in primary and secondary schools, producing school leavers with weak basic literacy and numeracy skills, thus reducing their employability as the economy grows. Although women constitute a little over one half of Tanzania's population, they rank lower than men in literacy level, thus, making the target of eliminating illiteracy by 2015 a challenge particularly for rural women. In an interview, one of the teachers said:

The issue of literacy is a challenge to both women and men in Tanzania especially in rural areas The majority of students who complete primary school do not know how to read and write... and this is attributed to shortage of teachers in these schools...the shortage of teachers is higher in rural areas because most teachers do not like to work in rural areas.

The findings are similar to a World Bank report that revealed that over the country as a whole, there has been no absolute shortage of teachers (World Bank 2008a). Pupil/teacher ratios stand at 22:1, but this ratio hides rural-urban disparities and shortages in subjects such as science and mathematics (ibid). This indicator is unlikely to be achieved by 2015.

4.3. Share of Women in Wage Employment in the Non-Agricultural Sector

Despite the progress made over the last decade towards increased ratio of women in wage employment, especially in political sphere and the informal sector, the majority of women are still employed in the agricultural sector. Comprehensive strategies to ensure share of women in wage employment in the non-agricultural sector, especially in public sector, have not been put in place in Tanzania. Efforts by the government and other stakeholders to support those women who have entered in informal sector is less effective.

Msoka (2013) pointed out that despite women's progressive involvement in small business, their enterprises have lower survival and growth rates. There is also gender gap in accessing credit for those who engage in small business. Ellis *et al.* (2007) revealed that only 5 per cent of women owning business in Tanzania were believed to have accessed bank services compared to 28 percent of males owning businesses. This lack of access to financial resources is one reason that hinders efforts to increase employment among women in the private sector.

Moreover, gender remains a source of labour market inequalities. Within the labour market, traditional gender roles and perceptions about differences in female and male abilities is leading to discriminatory promotion, hiring and firing practices. Meena (2000) argued that the patriarchal ideology which continues to position women in low socio-economic status has its origin in the socio-cultural norms and values, cultural practices and traditions which legitimize the status of women including the workplace.

Moreover, lack of adequate qualifications and experience is one of the reasons for the majority of women not to be employed in paid jobs. An employer, who is one of the key informants for this study, was asked about the reasons for very few women in paid jobs being from the agricultural sector, the response was: 'Majority of women do not qualify for paid jobs; in our organization we just employ qualified applicants'. Therefore, unless the majority of women are enrolled in higher education, share of women in wage employment in Tanzania will continue to be low.

4.4. Proportion of Seats Held by Women in National Parliament

In the political sphere, changes in women's representation in the national parliament from the baseline year of 1995 to 2010 have been impressive. However, the focus has been on numbers without paying adequate attention to political norms and values which are leading to structural inequalities that position women in low socio-economic status. Tanzania is still a patriarchal society and in an environment where the population believes that politics is a male-domain, it is very difficult for women to engage in politics and public life. The patriarchal views about women and men in society usually facilitate open discrimination and sexual harassment by both male contestants and their advocates. Further, the male-dominated politics is designed to suit male life patterns where long meetings are held usually at awkward hours when women are needed for basic domestic activities, like cooking for the family. This is very crucial for women during the preliminary stages of nomination during which women have to invest in profiling themselves to political parties, build a campaign team, and plan for alternatives to support domestic chores. This has contributed to very few women directly contesting in elections; thus the majority of women in Tanzania who are the members of parliament have been selected through special seats.

Further, in the legal sphere, changing a few laws in favour of women is not sufficient to transform patriarchal political norms and values that continue to prevent women from accessing political resources. Legal reform has to be complemented with civic education that will address the unwritten laws, the belief systems, and social practices that continue to position women in low socio-economic and political status. A respondent for this study stated that: “more women get screened out at preliminary stages during the electoral campaign processes....because the majority of people who are in the selection committee are men and they believe women are not strong enough to involve in political issues”.

Male-dominated political parties will only support some subservient women through quotas or affirmative actions and will not allow those women who have the potential to substantially transform party politics and bring an impact on the political playing field.

5. Implementation and Experience in Combating HIV/AIDS, Malaria and Other Diseases

MDG 6 has a number of targets with indicators (see Table 7)

Table 7. MDG 6: Combating HIV/AIDS, malaria, and other diseases

Goal	Target(s)	Indicator(s)
Goal 6: Combating HIV/AIDS, malaria, and other diseases	Target 6a: Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	18. HIV prevalence among 15-24 year old pregnant women 19. Contraceptive prevalence rate 20. Number of children orphaned by HIV/AIDS
	Target 6b: Achieve by 2010 universal access to treatment for HIV/AIDS for all those who need it	21. Proportion of population with advanced HIV infection with access to antiretroviral drugs
	Target 6c: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	22. Prevalence and death rates associated with malaria
		23. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures
		24. Prevalence and death rates associated with tuberculosis
		25. Proportion of TB cases detected and cured under DOTS (Directly Observed Treatment Short Course)

5.1 Experience and Initiative in Combating HIV/AIDS

The United Republic of Tanzania is a low income country facing one of the largest HIV epidemics in the world. In Tanzania, the HIV/AIDS epidemic began in 1983, with the diagnosis and reporting of three cases in Kagera region. By 1985, the United Republic of Tanzania had an estimated 140,000 people living with HIV/AIDS (1.3 per cent prevalence) and by 1990, about 900,000 (7.2 per cent prevalence). According to the Surveillance report on HIV/AIDS and sexually transmitted infection for 2003 published by the National AIDS Control Programme, about 1,810,000 people aged between 0-59 years old were estimated to be living with HIV/AIDS in 2003. Since 1983, there has been a dramatic increase in the number of AIDS cases as more HIV-infected people have succumbed to opportunistic infections arising from suppressed immune system. The major vulnerable and affected groups include: women and men 15–24 years old, orphans and vulnerable children of 0-18 years old, and men aged between 25–34 years old.

The impact of HIV/AIDS has been devastating. It has affected all spheres of life indicators, including the infant mortality rate and life expectancy. HIV infection has resulted in a surge of opportunistic infections, such as tuberculosis and some forms of cancer. HIV/AIDS morbidity and mortality of women and men in their prime years of productivity has had a serious social and economic impact on all sectors, and at community and individual levels. The epidemic has necessitated the diversion of resources from provision of social services to HIV prevention, care and treatment (URT 2013).

Over 13 years since the Government of Tanzania endorsed MDGs, emphasis has been placed on the development of strategies and approaches to scale up interventions, and care and treatment of HIV/AIDS. Progress has been made in resource mobilization, communication, advocacy, and community participation. The government continues to increase the level of funding for the national response to HIV/AIDS in its annual budget and through collaboration with national and international communities. Combating HIV/AIDS currently exhibits better progress than in previous years due in part to better performance of global funds, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (URT 2012b). Moreover, efforts have been made by various HIV stakeholders at all levels, government and non-government, which includes civil society organizations, communities, and individuals.

The Tanzanian Commission for AIDS (TACAIDS) under the Prime Minister's Office has provided strategic leadership and coordination of HIV and AIDS national responses through development of a strategic framework and national guidelines for HIV and AIDS. The development of the National Guidelines on HIV Prevention Strategy (TACAIDS 2010) and the National Stigma and Discrimination Reduction Strategy (TACAIDS 2012a) are the government's road maps to curbing the epidemic. The

revised National HIV Policy 2011 and the National Multi-sectoral Strategic Framework (2013-2017) are guiding tools for the implementation of HIV/AIDS activities (TACAIDS 2012b; TACAIDS 2012c). The major prevention strategy that has been made by the government and other stakeholders is to provide knowledge to people, especially to young people on how HIV is transmitted. Current data shows that 40 percent of young women and 47 percent of young men have comprehensive knowledge about AIDS. Among both sexes, the proportion with comprehensive knowledge increases with age and educational attainment. Urban young people are more likely than rural young people to have comprehensive knowledge about AIDS (URT 2013). In Tanzania, HIV/AIDS prevention programs focus messages and efforts on three important aspects of behaviour: using condoms, limiting the number of sexual partners (or staying faithful to one partner), and delaying sexual debut (abstinence) of the young and never married. Higher-risk sex, having sex with a non-marital, non-cohabiting partner, mainly prostitutes, is particularly risky because prostitutes have many partners and are more likely to have sexually transmitted infections.

5.2. Experience and Initiative in Combating Malaria and Other Diseases

Malaria is a disease that poses many societal and economic burdens, ranging from school absenteeism to low productivity in the workplace. In the short term, widespread malaria illness reduces agricultural production and other economic outputs; additionally, the cumulative effect over the long term may decrease national economic capacity and development (Joseph *et al.* 2013). To reduce the prevalence and death rates associated with malaria as well as reducing the proportion of population in malaria risk areas, the government of Tanzania, through the National Malaria Control Programme (NMCP) and the Zanzibar Malaria Control Programme (ZMCP), has undertaken various actions supported by development partners such as the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), the US President's Malaria Initiatives (PMI), the World Bank, and UNICEF. These initiatives are in line with MDG 6 to ensure government and other stakeholders (the private sector, development partners, civil society organizations and the community) act to reduce prevalence and death rates associated with malaria.

The vision of NMCP is for Tanzania to become a society where malaria is no longer a threat to the health of its citizens, regardless of gender, religion, or socioeconomic status. The goal of NMCP, through implementation of the National Malaria Medium Term Strategic Plan 2008-2013, is to reduce the burden of malaria by 80 percent (MoHSW 2009). This goal is in line with the Millennium Development Goals related to malaria (RBM 2005).

Distribution of insecticide-treated nets (ITNs) has been a major intervention to reduce malaria among children and pregnant women in Tanzania. An ITN is a factory-treated net that does not require any further treatment, or a

net that has been soaked with insecticide within the past 12 months. Long-lasting insecticidal nets (LLINs) are a subset of ITNs. LLIN is a factory-treated mosquito net made with netting material that has insecticide incorporated within or bound around the fibres. The current generation of LLINs lasts three to five years, after which the net should be replaced. Other initiative to reduce the proportion of malaria has been distribution of Tanzania National Voucher Scheme (TNVS), which focuses on pregnant women. The TNVS supplies vouchers to antenatal clinics and trains clinic staff on how to distribute the voucher. It also recruits shopkeepers near each clinic to undertake retail distribution of ITNs. Each woman who attends antenatal clinic receives a discount voucher ITNs by providing a “top-up” payment to the retailer equal to the gap between the voucher and the retail price, which generally ranges from TZS 3,000 to 5,000. At the age of nine months, children are given their own TNVS ITNs. Other net programmes are the Under-five Catch up Campaign, which distributed nets at household level to all children under five years, and the Universal Coverage Campaign (UCC), which distributed LLINs to all households with the aim of covering every sleeping space (URT 2011c, 2012b).

6. Actual Achievements and Challenges for Implementing MDG 6

Table 8 shows the percentage of HIV prevalence among youth (15–24 years old) had declined among women and increased among men. HIV prevalence among males has increased between 2007 and 2012 (from 7.2 to 8.2 per cent). Particularly interesting is the fall in HIV prevalence among women aged 15–24 years from 2007 to 2012. HIV prevalence among women aged 15–24 years in Tanzania has declined from 23.8 to 19.1 per cent. The HIV/AIDS among both men and women has also declined between 2007 and 2012 (from 16.6 to 13.4 per cent). The decline in HIV/AIDS prevalence among women aged 15–24 years could be partly driven by improved education for girls, which may be the single most effective preventive weapon against HIV/AIDS. In Tanzania, as elsewhere in sub-Saharan Africa, it is increasingly recognised that men’s sexual behaviour has fuelled the HIV epidemic (Gumpta 2002; Dunkle and Jewkes 2007). The TDHS 2010 found that 21 per cent of men had two or more sexual partners in the 12 months prior to the survey compared with only 3.6 per cent of women. Among the men who had multiple sexual partners, only 24 per cent reported using a condom during their last sexual intercourse.

Table 8. HIV prevalence among 15–24 year-olds

Years	Women		Men		Total	
	HIV	Number	HIV	Number	HIV	Number
	Positive		positive		Positive	
2007–2008	23.8	6572	7.2	5880	16.6	12450
2011–2012	19.1	7705	8.2	6786	13.4	14491

SOURCE: Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) (2007/2008, 2011/2012).

6.2. Condom Use at High Risk Sex

As has been presented in Table 9, condom use among the 15–24 years-olds has had an unsteady trend. It rose from around 30 per cent (males) and just under 20 per cent (females) in the 1990s to over 40 per cent between 2000 and 2008 but then it slowed down to the 30 per cent range in 2010. In 2012, it rose for men (72.61 per cent) and fell again for women (28.09 per cent). The pattern also shows that men use condom more than women do. These results signify that women aged 15–24 years in Tanzania lack the ability to negotiate safe sex and this has contributed to the above pattern of condom usage. The barrier to condom use acts as the challenge to safer sex among women in Tanzania. It is important to note that HIV-prevention stakeholders have to improve the product (condom) and the services (condom campaigns, supply and procurements).

Table 9. Percentage of condom use in high risk sex, 15–24 year-olds

Years	Percentage of men using condom	Percentage of women using condom
1996	31.4	18.4
1999	30.7	21.3
2004	47.1	41.7
2005	45.5	33.8
2008	49	46.3
2010	36.3	31.6
2012	72.61	28.09

SOURCE: THMIS (2011/2012) and Tanzania MGDs Progress Report (2012).

Moreover, in Tanzania, there are only two brands of female condoms: Care and Lady Pepeta, while the male condoms have more than ten brands. Male condoms are the only condoms advertised on the media while the female condoms remain unknown and unpopular. As a result, the choices of condoms to men are wider than for their counterpart. The UNFPA official in Tanzania was asked “Why is the female condom not available and

popular as the male condoms? The response was: “Female condoms’ price is four times more than the male condoms yet its demand is very low, which in return leads us to procure male condoms than female ones....” Adding to that, the PSI HIV official in Tanzania said: “...yes, female condoms are not advertised, and they are 20–30 per cent more expensive than male condoms and yet unacceptable. Apart from that, they are not available like the male condoms; hence there is no point in creating their demand when we cannot supply....”

The finding corresponds to Kaler’s (2004), who revealed that the barriers that lead fewer female condom use is caused by limited advertising and promotion, higher prices than those of the male condom, inadequate training of health care providers and limited distribution within the public health system.

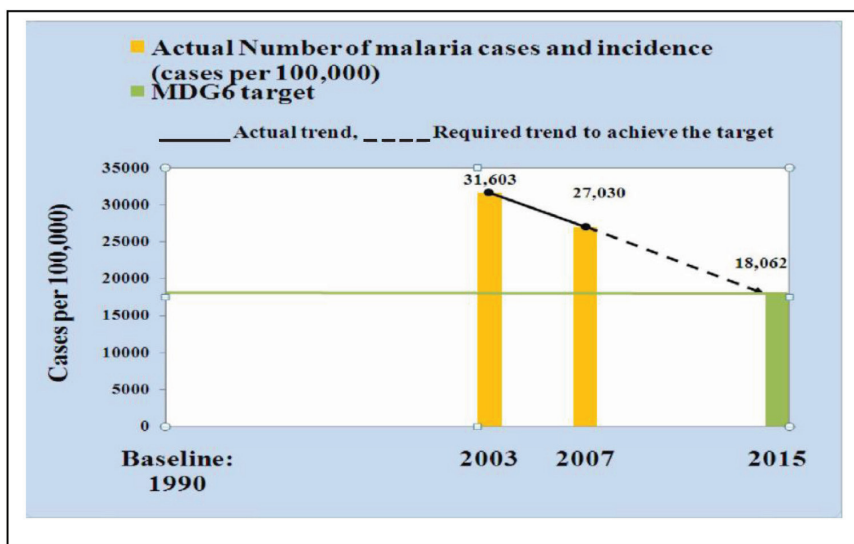


Figure 1 Actual Number of Malaria Cases

SOURCE: MDG Report Midway Evaluation (2000–2008)

Although malaria is a leading cause of morbidity and mortality in Tanzania, some initiatives have been made by governmental and non-governmental organizations to reduce malaria incidences. Overall, as indicated in Figure 1, there is a decline in Malaria incidence from 31,606 in 2003 to 27,030 in 2007. The decline could be attributed to an improved access to Insecticide-Treated Nets (ITNs) to prevent malaria as well as provision of intermittent presumptive treatment for malaria to pregnant women in the country.

Progress in this area includes first, an increase in the percentage of households owning at least one bed net from 56.3 per cent in 2007/08 to

74.7 per cent in 2009/10. Likewise the percentage of households owning at least one ITN has increased from 39.2 per cent in 2007/08 to 63.4 per cent in 2009/10. Second, the percentage of pregnant women who slept under any bed net (treated or untreated) the night before the survey increased from 36.0 per cent in 2007/08 to 67.6 per cent in 2009/10. The percentage of pregnant women who slept under an ITN the night before the survey increased from 26.7 per cent in 2007/08 to 57.1 per cent in 2009/10 (URT 2012).

6.3. Proportion of Population in Malaria Risk Areas Using Effective Malaria Prevention and Treatment Measures

Malaria transmission is heavy in many regions of Mainland Tanzania. However, the Tanzanian government recognizes children under age 5 as a high-risk group and recommends that they be protected by sleeping under insecticide-treated nets.

Table 10. Proportion of Under-Five Children sleeping under insecticide-treated bednets

Year	Under-Five Children in rural areas (%)	Under-Five Children in urban areas (%)
2004	4.7	11.3
2008	27.8	60.9
2010	63.9	64.9
2012	71.8	73.4

SOURCE: URT (2011; 2012); TDHS (2010).

The proportion of children under 5 who slept under insecticide-treated bednet is showing a rising trend in both rural and urban areas (see Table 10). This indicator is likely to be achieved by 2015.

The trend in the number of tuberculosis cases has declined consistently since 2004. However, the detection rate is still behind the required 85 per cent. Steady progress is recorded in the detection and care of TB cases (Fig. 2). The TB treatment success rate has improved from 81.33 per cent to 84.8 per cent in 2004 and 2008, respectively. Another encouraging trend is that of the number of TB per 100,000 population, which was 186 in 2004, 164 in 2006, and dropped to 158 in 2007. Unfavourable treatment outcomes like treatment failure and death rate decreased to less than 5 per cent. This trend could be attributed to the changes in treatment regime initiated since 2000 after endorsement of MDGs and introduction of the patient-centred approach.

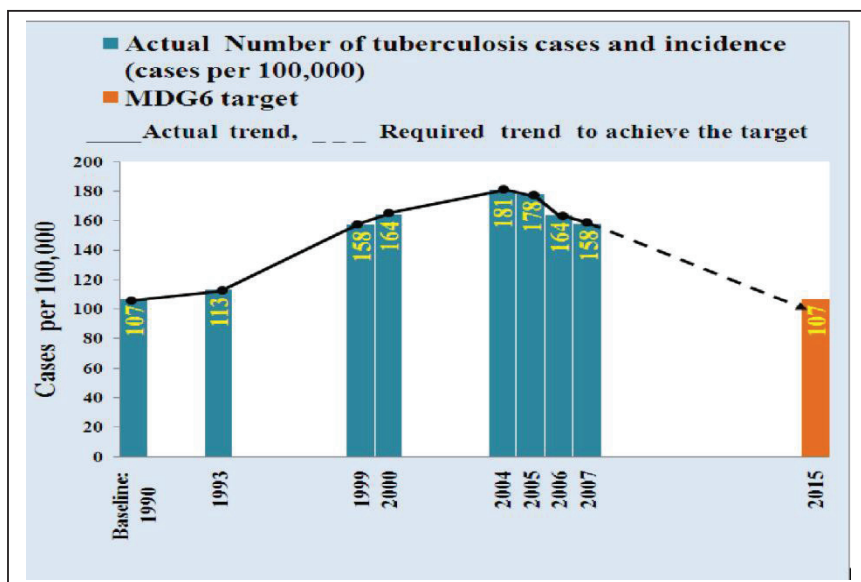


Figure 2. Trend in the Number of Tuberculosis Cases

SOURCE: URT (2010g, 2012b)

CONCLUSION

The overall picture one can get from this chapter is that Tanzania is sustaining good progress towards achieving MDG 3 and 6 by 2015. Education has an important role to play in poverty eradication. Since the endorsement of MDGs in 2000, Tanzania has continued to make progress in eliminating gender disparity in primary and secondary education. Primary and secondary school enrolment ratios for girls and boys are nearly equal, though the country still has the lowest women enrolment rate for higher education, which will need to be raised. Despite these gains, major challenges remain for the sector which will need to be addressed. Although enrolment rate, especially in primary and secondary schools, is impressive, still there are persistently high levels of adult illiteracy, especially among women both in urban and rural areas; and poor learning outcomes for children are of serious concern. Many children complete primary school education without acquiring basic literacy and numeracy skills. Further, results show that generally boys outperform girls at all levels. Moreover, early pregnancies and marriages continue to contribute significantly to school dropouts among girls in both rural and urban areas. Along with continued efforts to expand enrolment of girls in schools, greater attention needs to be focused on the quality of education being provided; on empowering girls to name, without fear or stigma, all teachers engaging in love affairs with students to facilitate effective actions against the culprits;

on reducing women's work load in order to improve the performance of girls.

Gender remains a source of labour market inequalities. A majority of women in Tanzania are still employed in the agricultural sector, share of women in wage employment in non-agriculture sector is still low, especially in the public sector compared to their male counterparts. Challenges of implementing employment issues that will shift women from agricultural to non-agricultural paid jobs is still a challenge. Based on this information, this chapter recommends that the Government should set up programmes and schemes encouraging women to move from agricultural to non-agricultural paid jobs. Government should invest in women's training to enable the majority of them to qualify for paid jobs, appoint them in managerial positions, and re-appoint them after years of less involvement due to family responsibilities. Government should set targets for percentage of women in key management positions. Other stakeholders should promote this. Organizational Codes of Practice should include guidelines on promoting equal opportunity and advancement of women. Employers should review their standard and criteria for employing women and men. Government has a major role to play in applying appropriate and equitable criteria and providing effective strategies that will shift women from agricultural to non-agricultural jobs.

In the political sphere, the goal of improving representation by women in political position is more likely to be achieved as women's representation in parliament has been increasing since the Government of Tanzania endorsed MDGs in 2000. However, the focus has been on numbers, without paying adequate attention to political norms and values which lead to structural inequalities that position women in low socio-economic status. Therefore, this chapter recommends that the discourse has to move beyond numbers to address issues of political of exclusion. While numbers are useful benchmarks, they are only the beginning of measuring women's equitable participation in decision-making organs.

Overall, the HIV prevalence rate among women aged 15–24 years is declining gradually. Knowledge regarding HIV transmission or prevention is extensively spread. However, the use of condom is still low among women. The major challenge that remains is that women don't have the courage to negotiate safe sex (use of condom). Lack of indicators on rights to negotiate safe sex has led to slow progress in reducing HIV/AIDS and early pregnancy among women. Therefore, knowledge on the use and distribution of condoms in remote rural areas needs to be increased since few rural inhabitants know about condoms nor do they have adequate income to afford them. Further, Government should consider introducing a policy on rights to negotiate safe sex and provide male and female condom dispenser machines to ease accessibility.

Furthermore, available data show that there is a decline in Malaria incidence from 2003 to 2007. The distribution of Insecticide Treated Nets

(ITNs) among the malaria-risk population, which in Tanzania are under-five children, has increased. Therefore, this indicator is likely to be achieved. The chapter recommends efforts to mitigate malaria among under-five children should be strengthened. The recent trends in successful malaria prevention and treatment among under-five children in Tanzania should be sustained.

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Gender Equality and Women's Empowerment in Botswana: Progresses and Challenges

Tapologo Maundeni

Abstract

This chapter aims at assessing the progress or regress made by Botswana on MDG 3 with regard to achieving gender equality and women's empowerment by 2015. It specifically examines whether Botswana will: reduce gender disparity in all educational levels and in access to and control of productive resources by 2015; reduce discrimination and violence against women, and the incidence of rape by 50 per cent by 2011; and raise women's participation in leadership and decision making positions by at least 60 per cent by 2016. Data are collected through desk research and interviews with key informants. In the analysis, feminist theory, the rights-based approach and Social learning theory are employed. The finding of this chapter shows that gender parity in education has been achieved; however, differences exist in relation to the choice of subjects/disciplines; moderate progress has taken place in women's access to and control of resources; and minimal progress has been achieved in the areas of violence and women's participation in leadership and decision-making positions. The chapter argues that more effort is needed to achieve the targets indicated above.

1. Introduction

Botswana is considered a middle-income country and has enjoyed a stable democracy since 1966. The country is committed to upholding the rule of law and to affording its citizens and all people in the country "the protection and the enjoyment of freedoms and rights, without discrimination" as provided for by the Constitution. It has never experienced a civil war or civil strife that has characterized the political turf in many African countries.

Botswana has made considerable progress economically as well as in the provision of social services. At independence, the country was so poor that it could not even meet its recurrent budget obligations. Hence both recurrent and development budgets depended heavily on foreign aid. The discovery of minerals in the late 1960s and early 1970s, combined with good economic management and democratic governance, has contributed significantly to the country's economic growth. By the mid-1990s,

Botswana was designated a middle income country by the World Bank (Kapunda and Moffat 2010). On average, real GDP grew by 9 per cent per annum between the years 1966 and 2006.

The peace and stability that prevails in the country is expected to provide a very conducive environment for the attainment of gender equality and women's empowerment. However, there are some dynamics that adversely affect the promotion of women's empowerment. One of them is existing customs and traditions that perpetuate gender inequalities (Morna and Walter 2009). Botswana traditional cultural values perceive men as sole legitimate heirs to positions of power/leadership. Another factor that has adverse effects on the promotion of gender equality is that Botswana operates under a dual legal system: Common Law and Customary Law. The amendments made in the Common Law, in line with international instruments/conventions, have no effect on the administration of justice under the Customary Law. Consequently, while certain practices have been abolished under Common Law, their application continues under the Customary Law. The endorsement of this dual legal system continues to disadvantage women. The last challenge that impedes Botswana's ability to achieve full gender equality in all areas is the high prevalence of HIV and AIDS. The rapid spread of HIV/AIDS in Botswana has become a major threat to the progress that the country has made in the area of economic and social development (UNDP 2011).

Women in Botswana constitute 52 per cent of the country's population (UNDP 2011). Within this populace, there are social differences depending on regional location, occupation, ethnicity, religious affiliation, and educational attainment. For example, some women have attained high levels of education which have enabled them to climb up the career ladder; others have never been to school, while some have attained various levels of education. These different groups of women face different challenges in various spheres of their lives.

In order to address the challenges faced in the country, Botswana has developed and is implementing the Millennium Development Goals (MDGs). This chapter focuses on the third Millennium Development Goal: promotion of gender equality and women's empowerment. It explores the progress that Botswana has made towards the achievement of the goal, challenges faced as well as lessons learned and the way forward.

Existing literature on MDG 3 in Botswana is characterised by some gaps. First, although two MDGs status reports (the 2004 and 2010) have been compiled, these reports do not contain recent or updated information about the current situation of the status of MGD 3 in Botswana. Recently (in October 2013) the Botswana MDGs status report was released; however, the information presented in the report was derived from data from both the 2004 and 2010 MDG status reports as well as from surveys that were not available at the time of compiling those reports. The information presented therefore lacks recent insights from stakeholders who implement the

MDGs, particularly MDG 3. Secondly, the above-mentioned reports focused on the status of all the 8 MDGs. Therefore they lack the necessary details that show a comprehensive picture of the progress made, challenges and lessons learnt in relation to the promotion of gender equality and women's empowerment.

Data for the Botswana case study was collected through documentary review and key informant interviews. A review of documents (both published and unpublished) that focus on gender issues in Botswana was done. Policy documents and reports on relevant international conventions were also examined. Moreover, data from previous three MDGs country status reports was used. The key informant interviews were done through one-on-one interviews. They were held with officials of the following key organizations: Department of Gender Affairs (GAD)¹; Ministry of Education; Emang Basadi; the Office of Deeds; Caucus for Women in Politics; UNDP; Fredrick Ebert Foundation; University of Botswana's Faculty of Engineering and Technology; and Gender Policy and Programme Committee (GPPC). Lastly, gender activists as well as researchers on gender and religion were interviewed. In all, a total of 16 key informants that were purposively selected participated in the study.

2. Theoretical Overview

The chapter uses an eclectic approach which utilises arguments from three theories to analyse the progress that Botswana has made in relation to achieving gender equality and women's empowerment. These are feminist theory, the rights-based approach and social learning theory. Feminism may be understood as a theory that describes and explains women's situations and experiences and support recommendations about how to improve them (Code 2000). There are various types of feminist perspectives, including radical, socialist, liberal and post-modern feminist. All are concerned with finding equality between males and females in all areas of society, without females being seen as the weaker sex. Feminists question and challenge the origins of oppressive gender relations (Mannathoko 1992) and they also 'share a commitment to improving the status of women's lives by working to eliminate sexism, patriarchy, and sexual or gender inequality' (Peach 1998, 5).

Feminists place great emphasis on the role that the oppression of women and children plays in creating problems that affect their well-being. They argue that gender relations are based on power. "Not only do men as a group exert power over women, but the socially derived definitions of masculinity and femininity reproduce those power relations" (Kimmel 1987, 12-13). The power differential between women and men is institutionalized by the culture and finds expression in the everyday relations of men and women. Power differentials create situations whereby women and children are not equal partners in decision making.

Some feminists argue that the existence of MDG 3, promotion of gender equality and women's empowerment is a step in the right direction; however, the goal is inadequate to address the deep cultural dynamics that perpetuate gender inequality. Saith (2006, 1174) argues that Feminists struggling against the vice of neo-liberal theory and policy view the MDGs as 'a significant step, but in the wrong direction'. Similar criticism was also voiced by Hilda Tadmira, who argued that the MDGs do not go far enough because "achieving gender equality has more to do with socially accepted cultural beliefs and ideologies that uphold male privilege than with educational or economic goals" (SOAWR 2005, 28).

The second theory that guides the major arguments raised in this chapter is Social Learning. Social learning theory is a perspective that states that people learn within a social context. It is facilitated through concepts such as modelling and observational learning (http://en.wikipedia.org/wiki/Social_learning_theory). People, especially children, learn from the environment and seek acceptance from society by learning through influential models. The theory states that behaviour is learned primarily by observing and imitating the actions of others. The social behaviour is also influenced by being rewarded and/or punished for these actions. People think and behave the way they do because of the environment. For example, gender parity has been achieved in education, but differences exist in relation to choice of subjects partly because children/students select gendered subjects/professions that they see adult men and women (who are their role models) pursuing. Most females go into careers that pay low wages and this affects their access to resources. Moreover, some people continue to stay in violent relationships because they have observed their parents and caregivers doing the same. Social Learning Theory assists to answer questions such as: were there role models in women's early lives that encouraged them to view themselves as competent politicians or rich people who had resources or medical doctors or engineers? At school, what messages were conveyed to women in relation to leadership and choice of careers? When women first enter the workforce, do they have strong role models and mentors to encourage them to succeed professionally and facilitate their career or political ambition? (Lawless 2010).

The last approach that is used in this study is the rights-based approach. This approach compels duty bearers (usually governments) to uphold, protect, and guarantee rights, especially of the most vulnerable and those at risk of exclusion and discrimination (Morna and Walter 2009). It looks at participation, equity and protection as the three fundamental aspects of change. Human rights require that actions - of a legislative, administrative, policy or programme nature - are considered in light of the obligations inherent in human rights. Actions which violate or fail to support the realization of human rights contravene human rights obligations. A rights-based approach thus assumes the creation of an enabling environment in which human rights can be enjoyed. It also promises an environment which

can prevent the many conflicts based on poverty, discrimination and exclusion.

3.1. Promoting Gender Equality and Women's Empowerment in Botswana

This section focuses on progress that Botswana has made between 2003 and 2013 towards meeting the four targets that promote gender equality and women's empowerment. These are: to eliminate gender disparity in all education by 2015; to reduce gender disparity in access to and control of productive resources by 2015; to reduce discrimination and violence against women, and the incidence of rape by 50 per cent by 2011 as well as to raise women's participation in leadership and decision making positions by at least 60 per cent by 2016.

Enrolment statistics show that Botswana has already achieved the MDG target of eliminating gender disparity in primary and secondary education. Table 1 shows that between 2003 and 2012, figures for males and females that were enrolled in primary schools were almost the same, though the males slightly outnumbered the females.

Gender parity has also been made in relation to secondary education. Table 2 shows that between the years 2004 and 2011, the numbers of females who sat for final examinations during the last year of secondary school was slightly higher than that of males.

Table 1. Primary school enrolment trends, 2003-2012

Sex	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Male	166,973	166,759	166,903	168,152	166,987	167,058	169,513	169,556	170,221	172,347
Female	163,403	161,933	162,288	162,265	160,631	160,175	161,262	161,640	162,751	164,859
Total	330,376	328,692	329,191	330,417	327,618	327,233	330,775	331,196	332,972	337,206

SOURCE: Education Statistics Brief (2012).

Table 2. Numbers of candidates who sat for BGCSE exams from 2004 to 2011

Sex	2004	2005	2006	2007	2008	2009	2010	2011
Males	10,540	10,751	10,700	12,929	13,485	14,028	12,885	12,385
Females	12,431	12,516	13,239	15,511	17,068	17,428	16,465	16,274
Not indicated		10	11	24	7	12	13	43

SOURCE: Botswana Examinations Council and Cambridge Int Exams. (2004 to 2011).

Recent figures on the ratio of males and females in tertiary institutions were not available, but Table 3 provides the percentage of girls' enrolment as compared to boys' in four institutions. The percentage of women enrolled in teacher training and college of education is higher than that of boys. It is interesting to note that girls' enrolment in vocational education is lower than boys', thus indicating the gendered difference in the selection of fields of study. The enrolment of boys and girls at University of Botswana has a fair distribution showing that Botswana is on the right track in ensuring gender parity in tertiary education.

Table 3. Ratio of girls to boys in tertiary education

Institution	2005 (%)	2006 (%)	2007 (%)
Teacher training	60	66	68.4
Vocational training	41	39.4	37.5
College of Education	59	59.3	58.4
University of Botswana	53	53.2	52.2

SOURCE: Education Statistics Report (2007).

The above three tables indicate the encouraging progress Botswana has made in achieving gender parity in education. There are many interrelated causes for the same. One of the reasons is the existence of a gender-neutral education policy which provides equal opportunities for access to education to both males and females. For a long time, primary and secondary education was free. School fees were introduced in recent years but primary education is still free, while secondary education is highly subsidized. Children from poor families are exempted from school fees. The grading system is also accommodative for weakly performing students as it allows pupils to move from primary to secondary school even if they have not passed primary education. This has reduced the number of dropouts and improved girls' access to education.

As gathered from the interview with a representative from the Ministry of Education and Skills Development (Interview 2013), the introduction of various educational interventions that target students living in remote areas and pregnant students, have improved the access of girls to education. The two projects include the construction of hostels for children in remote areas that were built with support from UNICEF and other organizations, and the Diphilana project for pregnant students. The later project started in 1996 and was intended to: provide uninterrupted basic education for targeted girls by helping to reduce first and repeated pregnancies; ensure that students who become pregnant complete school; and improve the scholastic performance of teenage mothers (http://www.unicef.org/evaldatabase/files/Botswana_Case_Study.pdf). The project assisted girls with babies to return to school although the project

was not rolled out throughout the country. the third project has made a positive impact in improving girls' access to education is the Girls Education Movement (GEM), which is aimed at starting GEM clubs in local schools as a forum for girls to address challenges in education. The fourth intervention is the re-admission policy for pregnant students, which allows a pregnant student to return to school six months after delivery or earlier as per the doctor's advice. This policy is different from the earlier readmission policies that prevailed in Botswana in the 1970s and which required pregnant girls to withdraw from school immediately when their pregnancy was discovered and to return 12 months after delivery.

Other initiatives that have accounted for the country's success in attaining gender parity include the existence of several programs in schools that cater to the psychosocial challenges faced by students. These include counselling programs, life skills, material and psychosocial services offered under the Short-term Plan of Action for the Care of Orphans and Vulnerable Children, the free call centres to enable children/pupils to call counsellors when they have challenges; the Peer Approach to Counselling Teenagers program and the silent shout television program.

Key informants interviewed for this study linked the progress that females have made in education to the women social experience in Botswana. In the past, Botswana men used to migrate to South Africa for employment, leaving behind women. This resulted in women's raising children alone and performing duties that were expected to be performed by men; a phenomenon that made women to be independent, tough and resilient. Consequently, girls learned from their mothers that it is acceptable to be independent and to be hard-working. By and large, women are able to involve in multiple tasks; hence they achieve more within a short period of time. Moreover, they can withstand stress better than men largely because they open up easily, while men tend to bottle up.

Although progress has been made in achieving parity at all levels of education, several challenges exist. Firstly, the choice of disciplines is gendered. As indicated in Table 3, from 2005 to 2007, the percentage of females who enrolled for teacher training were 60, 66 and 68.5, respectively, while those enrolled for vocational training were 41, 39.4 and 37.5, respectively. These figures show that more females enrolled for the teaching profession while relatively few (less than 50 per cent) selected vocational training. This dynamic has been noted by (Gender Links 2012 and Women's Affairs Department), when it highlighted that females tend to go into soft disciplines which are apparently low paying such as social work, nursing and teaching while males tend to choose science and technology-based disciplines which are usually remunerated better (Gender Links 2012). It should be noted that gender imbalances in the choice of tertiary subjects/disciplines is not peculiar to Botswana only as it exists in several countries. Morna and Walter (2009) note that women are less present in disciplines such as Sciences or Law. This trend exacerbates the

already existing economic disparities between females and males in the country.

The author's interviews with two gender activists in the country showed that one of the major factors that influence how males and females choose subjects/disciplines is the way they are socialised. Both asserted that from an early age, boys and girls are brought up to perform certain gendered duties in the household and this eventually shapes their choice of career. These sentiments were corroborated by another gender activist who stated:

...we still have a long way to go when it comes to choice of careers for females and males. The situation has roots in the way our society raises children. For example, when a girl is young, she performs the bulk of household duties. Boys on the other hand attend to duties that require technical skills such as fixing cars and electrical appliances. Their involvement in these duties influences their choice of career later on in life.

The second challenge relates to the prevalence of early sexual activity among school-going children which sometimes leads to pregnancy and school dropouts. For instance, according to Central Statistics Office (2014), in 2012², a total of 757 female students who were attending secondary school became pregnant.

3.2. Reduction in Discrimination and Violence against Women

Reports from Republic of Botswana and UN (2013) on incidents of violence against women in Botswana' shows that the rates are increasing. Reported cases of different forms of violence against women show an increase between the years 2003 and 2012. Table 4 shows that defilement of girls under the age of 16 increased from 518 in 2010 to 534 in 2012 and rape cases increased by 11 per cent during the same period. Although there was a relative decrease in partner killings (from 105 in 2010 to 89 in 2012), the number is still just too high as, ideally, it should be zero. These figures are alarming considering that homicide has far-reaching consequences for the emotional, psychological, social as well as physical wellbeing of survivors (Malinga-Musamba and Maundeni 2012). Violence against women also affects children psychologically, socially, intellectually, and physically. Levels of common assault are very high and increasing. The situation could actually be worse as there is under-reporting due to dependency of the victims on their violators as well as stigma and family pressure.

A report on the indicators of gender-based violence compiled by Gender Links and Women's Affairs Department in 2012 notes that 67 per cent of women in Botswana have experienced some form of gender violence in their lifetime, including partner and non-partner violence. Most of the violence reported occurs within intimate relationships.

Table 4. Reported cases of violence against women from 2003 to 2012

Cases	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Defilement of girls under 16	303	320	219	324	391	428	487	518	529	534
Rape cases	1506	1517	1540	1534	1596	1875	1754	1865	1800	2073
Partner killings	54	56	85	62	101	81	93	105	81	89
Common assault	10656	10855	11803	11081	11899	14520	15133			

SOURCE: Republic of Botswana and UN (2013).

Botswana has made moderate progress in relation to reducing discrimination against women; however, not much progress has been made in relation to reducing violence against women and the incidence of rape.

In its effort to eliminate discrimination of women, Botswana enacted various anti-discrimination laws. These include the Domestic Violence Act of 2008, which seeks to provide survivors of domestic violence with protection; the Abolition of Marital Power in 2004, which empowered women in relation to decision making on family property management; amendments to the Public Service Act to include sexual harassment as a misconduct which can attract penalties under the Public Service Act in 2000; amendments to the Citizenship Act of 1995³; amendments to the Mines and quarries Act of 1996 which enabled women to work underground; the amendment of the deeds registry act of 1996 which ensured that women married in community of property could register immovable property in their names; introduction of a minimum wage for domestic workers and farm work; gender neutral land policies as well as the Marriage (Amendment) Act of 2001, which increased marriage age to 21 for both females and males (Gender Links and Women's Affairs Department 2012).

Botswana has also developed domestic violence programs. These include enhancing the sensitivity of the Police Service towards addressing gender-based violence (GBV) through the establishment of Gender Focal Points in Police Stations (154 police officers were trained); continued sensitization and awareness raising on GBV through campaigns during the sixteen days of activism against GBV; continued provision of counselling, shelter services and legal aid by NGOs as well as economic empowerment programmes by government and NGOs through skills development (Gender Links and Women's Affairs Department 2012). Moreover, there are two centres that cater for rape victims with a capacity of between 15-20 women at a time (Pitse 2013). Although the two centres are insufficient, given the alarming figures on domestic violence, the centres are providing violence survivors counselling services offered by social workers and psychologists in various parts of the country.

Irrespective of the above legislative and programmatic measures, several challenges affect the country's efforts to combat discrimination and violence against women. The first major challenge is reducing discrimination against women. Although Botswana has signed the Convention on the Elimination of Discrimination against Women (CEDAW), discrimination against women still prevails in the country. This is so partly because of the existence of the dual legal system comprising customary law and common law. Under customary law, women lack independent legal capacity because they are subjected to the guardianship of their fathers, brothers, uncles where they are unmarried, and to that of their husbands where they are married. It should, however, be noted that over time, as the process of social change continued, changes have taken

place regarding adult women as having legal capacity. However, since Customary Law is largely unwritten, its application is uneven and this creates uncertainty in the legal status of women (Department of Women's Affairs 1998).

The prevalence of discrimination against women in Botswana has also been noted by international bodies such as the UN Committee on the Elimination of Discrimination against Women. The committee is concerned that since Botswana ratified the Convention in 1996, the Government is yet to implement recommendations made specifically for the country to address discrimination against women and children. The UN Committee has also raised concerns about the persistence of entrenched harmful traditional and cultural norms and practices such as widowhood rites and practices, the payment of dowry and customs and privileges in favour of men such as their right to treat their wives in the same way as minor children (*The Monitor*, November 04, 2013). Although Botswana has passed Acts which gives both partners in common law marriage equal powers in family matters and enable women to register immovable property in their own names, they are applicable to customary and religious marriages.

In Botswana, discrimination against women also prevails in the *Kgotla*—the highest public meeting, community council or traditional law court in a village (Moumakwa 2010). The forum is usually headed by the village chief (kgosi) and this could be the paramount chief or the regent chief. A chief is a hereditary leader of a tribe or village and therefore has authority, respect, and privilege among his people. The chief is assisted by headmen and principal advisors who are also largely men (Maundeni and Jacques 2013). The *Kgotla* is also a place where Customary Courts, using Customary Laws dispense justice, including cases of domestic violence, child maintenance and juvenile delinquency. These cases are sensitive and complex; therefore, in order for them to be addressed diligently, they need insights from both men and women, not men only. This is particularly so because men and women have different experiences in life as well as different views on issues. The relative absence of women as leaders in the '*Kgotla*' denies the country of valuable insights. As reported by a local news paper (*The Monitor*, November 04, 2013), the UN Committee has written to Botswana stating that it is concerned about the existence of the dual legal system of Roman-Dutch law and Customary law, which results in continuing discrimination against women particularly in the field of marriage and family relations. The UN Committee asserts that precedence of constitutional law over customary law is not always ensured in practice.

The second challenge is the withdrawal of registered domestic violence cases at the police station by female victims above the age of 18. In 2011, for example, a total of 777 female victims above the age of 18 withdrew cases from police records. The reasons for the withdrawal of cases include: fear of victimization by the alleged perpetrator, some victims' preference

for out of court resolution; reconciliation between victim and perpetrators within intimate relationships; some perpetrators' show of remorse and others' promise to give victims compensation for withdrawing the case; insufficient evidence because cases are reported too late and without medical proof (Gender Links and Women's Affairs Department 2012).

The third challenge relates to limited access to Justice. According to Gender Links (2009), Botswana is one of the countries that do not have legal aid services for survivors of gender violence. Women limited access to Justice is not peculiar to GBV, nor is it a new phenomenon, it has been documented in relation to child maintenance cases as far as the 1990s. A Study of Women and Maintenance in Southern Africa conducted by Women and Law in Southern Africa (WLSA 1997) showed that many women had never applied for maintenance from the state court system because they could not afford to. It further alluded that such courts are far from the rural areas where the poorest women live; and they also had transport constraints. The Gender Links and Women's Affairs Department (2012), also provides challenges experienced by police GBV focal points in dealing with GBV cases in 2011. These include: shortage of transport making it difficult to access other policing areas; shortage of office accommodation to provide counselling; inefficient maintenance of registers because focal points are sometimes assigned to other duties; station commanders have not been trained in GBV response; some reports are made when there are no GBV focal points on duty.

The above challenges reflect that some of the laws and programs initiated in Botswana are less effective because of the absence of strategies to enforce laws regarding domestic violence. There is also lack of awareness about the existence and content of laws by a majority of the society. Findings of a study on GBV conducted by Gender Links and Women's Affairs Department (2012) showed that women and men reported that they knew about protective laws, but they did not know about the specific provisions. Consequently, a lack of awareness of the specific provisions means that they cannot utilise the law effectively. Challenges do not only exist at policy level, they also prevail at program level. Taking into account the magnitude of GBV, existing programs are inadequate to meet the unique, complex and diverse needs of survivors. For example, there is need to increase the number of shelters for survivors of GBV.

3.3. Reduction of Gender Disparity in Access to and Control of Productive Resources

At the outset, it is important to indicate that some studies show that men are more economically advantaged than women (Ehrhardt *et al.* 2009; Gupta 2002). Botswana is not an exception and the report by the Republic of Botswana and UN (2013) indicates that women are disadvantaged in terms of asset ownership.

Table 5. Ownership of cattle in commercial and traditional farms, by sex

Year (Commercial and traditional)	Male cattle holders	Female cattle holders	Total cattle holders	Cattle owned by males	Cattle owned by females	Total cattle
2006	47,957	20,920	68,877	1,548,462	479,243	2,027,705
2007	46,295	20,099	66,394	1,396,905	387,742	1,784,647
2008	3,684	22,160	75,844	1,600,346	587,206	2,187,552
2009	52,827	24,197	77,024	1,784,559	543,816	2,328,375
2010	50,124	26,563	76,687	1,956,759	583,278	2,540,037
2011	50,434	24,837	75,271	1,900,378	591,699	2,492,077
2012	47,649	25,276	72,925	1,985,595	262,298	2,247,893

SOURCE: Ministry of Agriculture, Livestock Unit

Table 5 shows that between 2006 and 2012, the number of women who owned cattle was almost half that of men who owned cattle. The total number of cattle owned by men far outweighed that of cattle owned by women.

Women's ownership of land in Botswana is relatively high compared to that of other SADC countries (Morna and Walter 2009). In 2009, Botswana had 404,706 landowners of whom 186,699 (46.13 per cent) were women. The Registrar of Deeds (Interview 2013), however, noted that by and large, most women own residential and field land, not business land. The Office of the Registrar of Companies and Intellectual Property system (Interview 2013) also indicated that in 2014, there were 3,760 companies owned by women and 6,204 owned by men. Interviews with key informants (Interview 2013) also revealed that by and large, large-scale businesses such as mines are owned by men, while women tend to own small-scale businesses such as tuck shops. The information from interviews cannot be corroborated with evidences from documents as there is lack of adequate registry on the types of businesses men and women engage in Botswana; the data from one national bank that offers business loans does not provide gender disaggregated data on business ownership.

Besides livestock, land and business ownership, the other indicator used to show gender party in ownership and access to productive resources is women's access to employment.

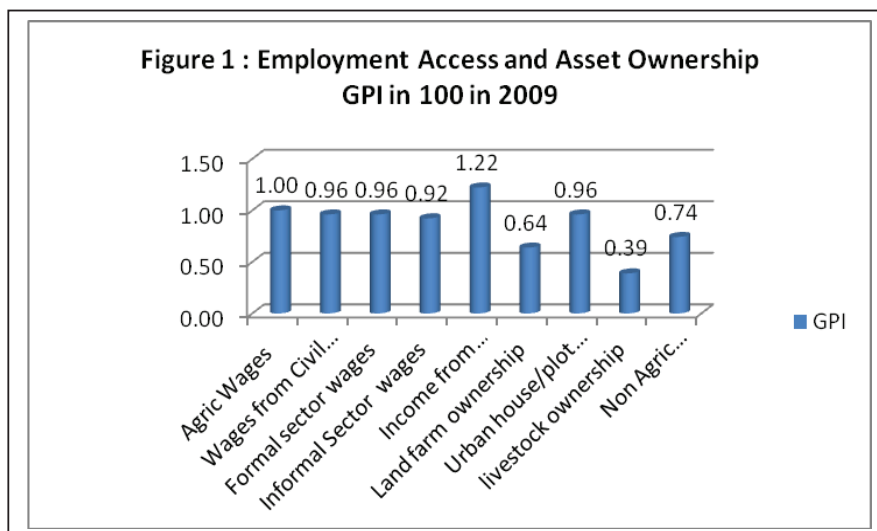


Figure 1. GPI for Males and Females in Access to Employment and Asset Ownership (based on available data for 2009)

SOURCE: Republic of Botswana and UN (2013)

As indicated in Figure 1, women have equal access as men to wage employment in the agricultural sector. Women only have an upper hand in the informal sector where for every 100 men employed in this sector there are 122 women. The only problem is that this sector is not as highly remunerating as other sectors. Women's access to waged employment in the civil service and the rest of the formal sector is not substantially less than that of men. For example, for every 100 men employed in the civil service there are 96 women employed in the same sector (Republic of Botswana and UN 2013). The two GPIs show women's disadvantaged positions in land farm and livestock ownership.

3.3.1. Challenges of achieving gender disparity in ownership and control of resources in Botswana

One of the factors that contribute to gender disparity in ownership and control of resources, especially land and livestock is the legacy of discriminatory laws. Traditionally, women in Botswana were not allowed to inherit property of value that belonged to the family, such as homesteads. Although there are no official figures on the number of women who own land in their individual capacity, it seems that there are gender imbalances in this respect (WLSA 1997). In 2013, there was a landmark case⁴. It is hoped that the ruling in this case will set precedence for future similar cases.

In Botswana the customary laws were not the only laws that were discriminatory to women in relation to issues of ownership and control of

property. Some aspects of the common law were also discriminatory and this hampered women's ability to own property. Prior to the amendment of the Deeds Registry Act in 1996, husbands had marital power to dispose family property as they deemed fit without consulting their wives since they were regarded as the heads of the family. These powers to some extent led men to abuse family property - a phenomenon that contributed to economic hardships for women and children. A study of children and divorce in Botswana revealed that some divorced women suffered economically following legal separations because some of the family property was disposed by their husbands before the formal legal separation (Maundeni 2000).

Interviews with key informants (Interview 2013) revealed that one other factor that contributes to gender disparity in women's ability to have access to resources is the heavy domestic responsibility of women that left them little time for engaging in business ventures. After work hours, women spend a considerable amount of time in household duties such as bathing children, cooking and washing, unlike their male counterparts.

In the absence of wills, some women's property is taken by people who use culture as an excuse. Morna and Walter (2009, 38) point out that "the most frequently occurring violation of widow's rights is property dispossession and loss of inheritance rights".

3.4. Women's Participation in Leadership and Decision-Making Positions

Despite their relatively larger population (52 per cent), women in Botswana are underrepresented in the leadership and decision-making positions of the public sector, private sector and civil society organizations.

The target of reaching 60 per cent of women in leadership position by 2016 is still far from being achieved by the country. Table 6 shows that there are more men than women who have held positions of leadership in both parliament and cabinet over the past years.

The relatively low number of women in public institutions and parliament as shown in Table 6 indicates that the country cannot reach the SADC Gender Protocol's target of ensuring that 50 per cent of decision making positions in all public and private sectors are held by women.

Table 6. Percentages of men and women in Parliament and Cabinet from 1994 to 2009

Institution	1994		1999		2004		2009	
	M	F	M	F	M	F	M	F
Public institution	91	9	82	18	93	7	96	4
Parliament	87	13	76	24			80	20

SOURCE: Calculated from figures in www.un.org/womenwatch/daw/review/responses/Botswana as well as in IEC (2004, 2009)

Table 7 provides A more specific gender disaggregated data presented in Table 7 shows that executive positions in government are largely held by males (63 per cent) while women hold 37 per cent. It further shows that a good number of women are entering management level scales like D1 and E2 but when the scales go higher to F scale, very few women are represented.

Gender inequality in Botswana is also reflected in church leadership positions. The leadership of most missionary churches is predominantly male, although there are exceptions in African Independent Churches⁵.

Table 7. General data on civil service decision makers

Grade	Female	Male	Total
D1	173 (41%)	250 (59%)	423 (100%)
E2	88 (40%)	133 (60%)	221 (100%)
E1	27 (28%)	61 (69%)	88 (100%)
F2	19 (28%)	56 (72%)	78 (100%)
F1	11 (31%)	25 (69%)	36 (100%)
F0	5 (18%)	23 (82%)	28 (100%)
Total	323	548	874 (100%)
Percentage	37%	63%	100%

SOURCE: Women's Affairs Department (2008).

Note: FO is the highest position with highest scale of payment in the Botswana public service sector; F1 is the scale that follows F0, etc.

In short, the above section shows that women are under-represented in positions of power in almost all sectors. This not only deprives women their right to exercise leadership, it also deprives the country of the knowledge and skills women possess. One of the key informants (Interview 2013) observed that "It is unfortunate that there are very few women who hold positions of power; yet women could make very good leaders because they are socialised to perform multiple tasks, and they are used to working under

pressure. Therefore, they can make very good leaders as they can withstand stress better than men”.

3.5. Challenges of Achieving the Target

Several challenges deter Botswana from achieving gender parity in leadership and decision-making positions. The first is the election system that is used when appointing people to political office. Botswana follows the ‘first past the post (FPP)’ system. As opposed to the proportional election system, FPP system is not friendly to women’s proportional representation in parliament. FPP involves candidates campaigning in their relevant constituencies, going through primary elections and finally national elections. Countries such as Namibia and South Africa have attained gender parity in political positions because they use the proportional representation model (or the Zebra model), which gives women the chance of being appointed to parliament.

FPP is a gender discriminatory model of election as it does not have a provision for a quota to increase women’s representation. The ruling party (BDP) also does not have a quota for women and does not support affirmative action. However, parties such as the Botswana National Front (BNF) and Botswana Congress Party (BCP) have a minimal 30 per cent quota in either their constitutions or election manifestos (Morna and Walter 2009). The absence of affirmative action policies to address the gender disparity at political level shows that political will is lacking. Opponents of affirmative action policies argue that any quota infringes on freedom of choice. Advocates of these policies, however, maintain that without quotas, women stand little chance of making substantial headway in political decision making. A representative of UNDP (Interview 2013) indicated support for affirmative action policies as follows:

The single most decisive development that can bring gender parity in politics is change of legislation. Political leaders must see the huge gender disparity that exists in politics as a crisis, and take deliberate efforts to address the situation.... This is doable because countries such as Tanzania and Namibia have done so. They have introduced quotas mandated by law. The advantage of doing that is that it injects confidence in women.... I sincerely believe that there is need for strong legislative measures to empower a constituency that has been marginalised....

The second challenge is the reluctance of society to embrace gender equality. Women are not a homogenous group as they differ in terms of area of residence, occupation, ethnicity, religious affiliation, and educational attainment. This has led to differences in beliefs and attitudes on the role of gender equity in politics. This does not make women to have a similar stand on women’s running for political office. In this regard one of the key informants (Interview 2013) pointed out:

Botswana is one country that has raised strong women, largely because men used to migrate leaving women to do things that were supposed to be

done by them. Men's absence resulted in women becoming independent; girls learned that it is okay to be independent from their mothers. Old women who raised children in the absence of their husbands are tough and resilient; they worked hard when they were neglected by their husbands. In-laws compete with daughter-in-laws, they believe daughter-in-laws are spoiled by their husbands. Women's independence also brought about a lot of social ills, e.g. adultery, divorce, and HIV. Men can't cope with women who are independent and strong. That's why the marriage rate is so low and the divorce rate so high. Women's independence brought about competition among women... this is good but it can also work against gender equality since women hardly empower each other; instead, they compete with each other.

There are also people who resist the empowerment of women. Some of them include men in senior political position. A key informant (Interview 2013) indicated the case of a male politician who went around discouraging people to vote for a woman in a certain constituency. In his door to door campaigns, he was quoted as saying: "...what do you expect from a woman, you are not serious...".

The third challenge that accounts for gender disparity in political leadership is a weak civil society movement that does not exert pressure on the Government to design processes or initiatives that promote gender equality in politics. The lack of vocal women's rights movement with support and encouragement from the international community to lobby the government for affirmative action policies is a critical concern. A key informant (Interview 2013) thus stated:

....you know that the gender movement in this country used to be strong in the 1990s and early 2000s, but now it is weak. As you may recall, the movement used to exert pressure on the government by advocating for certain things, but now it has lost momentum...In the absence of a strong gender movement, a lot of advocacy efforts are left in the hands of government and politicians, yet politicians usually choose what they want to focus on as and when it suits them. They push their own agendas so to speak. A strong civil society movement will empower people to claim their rights....

An informant from the Gender Affairs Department (Interview 2013) also asserted that they advocate for affirmative action. She said affirmative action is not something new; it has existed for some time in countries such as South Africa, Namibia and Democratic Republic of Congo because these countries fought for independence, i.e. men and women were at the forefront of the liberation struggle. So they both know that concerted efforts are crucial in order to bring about change. She pointed out that "In those countries, women can demand certain things because they just like the men, they had participated in the liberation struggle... But in the context of Botswana, we have not fought for anything. We got our

independence on a silver plate, and this is one of the reasons that accounts for the existing weak pressure groups.

Key informants also identified the causes for lack of gender parity in Botswana. These include: the multiple role of women in society, weakness of women who hold positions of power; lack of resources to finance campaigns to run for political office; insufficient networking among women; and weak gender sensitization programmes for parliamentarians, chiefs and other officers who hold decision-making positions in both the government and parastatals. The Commonwealth Secretariat Report on “Men and women in public sector management: Developing executive leadership in the SADC region” (Commonwealth Secretariat 2003, 9) identified the following as some of the problems of resistance that executive management would have to deal with when considering women to take over high positions in the public service: Fear that women leaders will take away jobs traditionally held by men; having women leaders is seen as going against the cultural norm; the assumption that women lack the necessary qualifications to become executive leaders; the assumption that women lack the necessary experience to become executive leaders; the fear that women’s domestic role will interfere with their capacity to function as efficient executive leaders; and beliefs that women cannot take hard decisions.

Conclusion

This chapter has discussed Botswana’s progress towards MDG 3 — the promotion of gender equality and women’s empowerment by 2015. It discussed the progress of the four targets of MDG 3, namely, reducing gender disparity in all educational levels by 2015; reducing access to and control of productive resources by 2015; reducing discrimination and violence against women, and the incidence of rape by 50 per cent by 2011; and raising women’s participation in leadership and decision-making positions by at least 60 per cent by 2016.

In the analysis it was found out that Botswana’s attainment of gender parity and women’s empowerment varies from one target to another. Gender equity in the education sector would almost be achieved before 2015, although there are challenges especially on the gendered nature of the choice of disciplines. The country is also doing relatively better than other African countries in relation to women’s access and control of political power and material resources. Nonetheless, full achievement of the targets by 2015 will not be attained. In the country, discriminatory laws have been amended to allow men and women to have equal access to resources, but the legacy of past laws and practices still has impacts on the current state of women’s ownership of resources. Moreover, GBV is the biggest challenge in Botswana.

Many programs have been designed to address the plight of women in the country but were not adequately monitored and evaluated. There is also

lack of comprehensive and gender disaggregated data that indicate the status of gender in the social, economic and political arenas of Botswana and the impact of initiatives aimed at addressing gender equity and empowerment.

In short, Botswana has made progress in eliminating gender disparity in education. However, the fact that not much progress has been made in relation to the other three targets shows that the women's rights movement still has a long way to go in advocating for the achievement of women's empowerment. The chapter rightly acknowledged that the women's rights movement in Botswana at the moment is weak compared to several years ago when it used to exert pressure on the government to protect and promote women's rights. Organisations such as the Women's NGO Coalition, WLSA, and Emang Basadi used to be very active and united. They conducted research about the status of women in various aspects, and then exerted pressure on the government to take action.

The relative absence of a strong women's rights movement in the country could be linked to the minimal progress that has been made in relation to eliminating GBV and in increasing the number of women who hold positions of power. It is, therefore, essential that pressure groups that advocate for women's right are in place to pursue the gender agenda.

Notes

1. GAD is the national gender machinery. It is housed under the Ministry of Labour and Home Affairs.
2. The author's efforts to get time series data on school dropouts were unsuccessful.
3. The 1982 Citizenship Act, under which women married to foreigners could not pass on their nationality to their children, while men married to foreigners could, was amended to allow them to enjoy the same right. The Dow case has had an impact well beyond Botswana. Zimbabwean courts used the case when granting equal rights to women who have children from non-citizens.
4. In a case heard by the appeals court in the capital city of Gaborone, the issue was whether daughters can inherit family property under customary law. Edith Mmusi, 80 years old, argued that since she lived in the ancestral family home, and she and her sisters had invested in improving it, she and her three sisters should inherit it. Her claim was challenged by a nephew's assertion that, as the male heir, he should inherit the homestead, although he had never lived there, because his father had been given the home by a male relative. The judges unanimously ruled in favour of the four sisters, rejecting a long history of customary law that favoured males in inheritance matters. Justice Isaac Lesetedi, who wrote the court's decision, took note of the changes in society over the past 30 years. He wrote that the "Constitutional values of equality before the law, and the increased levelling of the power structures with more and more women heading households and participating with men as equals in the public sphere and increasingly in the private sphere, demonstrate that there is no rational and

justifiable basis for sticking to the narrow norms of days gone by when such norms go against current value systems. In his concurring opinion, Chief Justice Ian Kirby also firmly rejected tradition that favoured only male heirs. He wrote that "any customary law or rule which discriminates in any case against a woman unfairly solely on the basis of her gender would not be in accordance with humanity, morality or natural justice. Nor would it be in accordance with the principles of justice, equity and good conscience." (<http://agi.ac.za/news/botswana-women-win-landmark-right-inherit-under-customary-law>)

5. There are no figures that show the numbers of women who have held positions of power in churches over the past 10 years.

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Scaling up and Sustaining Gender Inclusion through the MDGs in Ghana: MDG-C1

Ellen Bortei-Doku Aryeetey and George Domfe

Abstract

Despite improvements in the welfare of women during implementation of the MDGs in Ghana, women still lag behind men in welfare ranking in key areas. The data of three series of national surveys were jointly analysed to establish the trend of indicators of improvement in the welfare of women, from 1999 to 2010. Using both linear and probit regressions, factors such as acquisition of formal education and delay in marriages were found to correlate positively with the MDGs. The chapter therefore recommends a pragmatic policy to deepen the current efforts of making education more accessible and attractive to women.

Keywords: Gender inclusion, millennium development goals, welfare

Introduction

1.1 Background

Gender inclusion remains a key focus of MDGs as the world prepares to usher in a new platform of action for the post-2015 development framework. The 2012 Global Millennium Development Goals (MDGs) Report points out clearly that much has been achieved around the world, particularly in developing countries which had higher development deficits to cover, yet much more remains to be achieved in the same regions. The Report which is devoted largely to Africa raises concern about the persistence of gender inequalities. Any further progress towards all-inclusive growth and development is closely linked to minimising gender disparities in welfare. These inequalities are often observed in the areas such as secondary education enrolment, significant under-representation in national parliaments, wide gaps in access to decent employment, and the gendered nature of the HIV pandemic (UN Task Team 2012).

In spite of these inequalities, Ghana appears to have made some gains in an attempt to bridge the welfare gap between men and women. Gains made in this direction are often described as gender equity gains. In other words, while implementation of MDGs seeks the general welfare of men and women, some amount of attention has been devoted solely to the welfare of women. Therefore, discussions on the possibility of sustaining gender inclusion through the MDGs ought to exclusively follow progress in

improvement of welfare of women using indicators of the MDGs designed for that purpose. This seeks to expose deficiency in the use of national averages in quantifying achievements of the MDGs which often cover up serious disparities that may lead to resources being channelled away from the poorest population groups because of the effects of discrimination based on their gender (United Nations 2001).

Apart from poverty eradication, the MDGs seek among other things, to ensure gender parity through women empowerment. During the implementation of the MDGs, the Ghana Government has rolled out various social intervention programmes among which are the education capitation grant to ensure free compulsory education at the basic level, free maternal care to reduce maternal mortality, a national health insurance scheme and a livelihood empowerment against poverty cash grant. The chapter focuses on whether there has been improvement in the MDG targets following these social intervention programmes. The main objective of the chapter is therefore, to identify and analyse trends in the outcome of indicators of intervention policies drawn out of the MDGs, especially those with welfare implication for women.

Specifically, the chapter seeks to firstly employ descriptive statistics to present an overview of progress on gender equity gains in Ghana with respect to MDGs 1, 2 and 3, and 5, namely:

MDG1: Eradicate Extreme Poverty and Hunger

MDG2: Achieve Universal Primary Education

MDG3: Promote Gender Equality and Empower Women

MDG5: Reduce Maternal Mortality

Secondly, to use regression analyses to examine the underlying factors that shape gender inclusion outcomes for Ghana. Finally, based on a mixture of public and private initiatives to scale up girls and women's inclusion in development outcomes, the chapter concludes with a discussion on the way forward for achieving higher rates of gender inclusion and how to sustain them in Ghana.

1.2 Statement of Problem

On both MDGs 2 and 3, Ghana is listed among African countries that have made reasonable progress on women inclusion; but, it is recognised that further progress seems unlikely, unless persistent bottlenecks can be overcome. These affect completion rates for girls in school, and therefore their transition to higher educational institutions. Under such circumstances, women are handicapped in the job market as they enter it with low educational and skills attainment. This results in limited placement chances and ultimately lower wages. Among the bottlenecks, there appears to be considerable traction from socio-cultural norms and practices about women's roles, as well as poverty. On a broad scale, this

sets the stage for social exclusion of women. The main aim of the chapter is therefore to investigate factors that could deepen women exclusion in Ghana in order to suggest possible ways of eliminating those bottlenecks to ensure welfare improvement for the women.

1.3 Methodology

The chapter relies on secondary data as well as research reports that address issues of gender equity and the MDGs. It uses quantitative methods in analysing the trend and achievements of gender-related MDGs in Ghana. The data sets of the last two rounds of Ghana Living Standard Survey (GLSS) and the data of the first round of EGC/ISSER socio-economic panel household survey were jointly used in the analysis. The GLSS is a multi-topic household survey, designed to provide comprehensive information on the living standards of Ghanaian households (Ghana Statistical Service 2000). The GLSS was started in 1987 and five rounds had been completed by 2006 (in 1987/1988, 1988/1989, 1991/1992, 1998/1999 and 2005/2006). Since reliance on the GLSS data alone could not enable to tell the story in recent years, the chapter complements the discussions with the data of first round of EGC/ISSER socio-economic panel household survey conducted in 2010. Both data sets have similar sampling frame and cover enumeration areas (EAs) randomly selected across the length and breadth of Ghana.

2. Literature Review

2.1 The Theory of Social Exclusion

The chapter draws heavily on the theory of *social exclusion* to explain enduring gender disparities and trends in MDGs outcomes in Ghana. This theory explains how individual members of a community could be excluded either from participating fully in social and economic activities, or from enjoying available rights in the community. Originally coined in France in 1974 by politician Rene Lenoir to refer to a group of disadvantaged people, the term has been used widely by different authors and organisations to describe different situations of deprivation (Mbele 2009). The significance of social exclusion for understanding human development in Ghana has already been addressed in earlier reports (See UNDP-Gh 2007).

Invariably, individuals and groups hold the key for turning their fortunes around, but targeted interventions based on clearly stated theories of change have proven to be critical in overcoming exclusion. Governments are central in this process but need to be supported by civil society groups and philanthropists; they are part of the prerequisite for empowerment. In this spirit, education and health campaigns by civil society groups and the media have been essential for driving behaviour change among the citizenry, especially the excluded to appreciate the importance of the various intervention programmes. For each of the MDGs 1, 2, 3, and 5, the Ghana Government has recently introduced many intervention programmes

to improve welfare, such as free maternal care (to improve maternal health), school feeding programme, free exercise books and capitation grants (to encourage the poor to be part of formal educational process). These are clearly spelt out in the National Social Protection Strategy (Ghanan Ministry of Manpower, Youth and Employment 2007). To improve oversight for this process, a Ministry for Gender and Social Protection was introduced in 2001 as Ministry of Women and Children Affairs. It is therefore important to examine the trend of indicators of welfare during the period of implementation of the MDGs in Ghana in order to find out how the intervention programmes have played out in ensuring gender equity gains.

2.2 Conceptual Framework

The conceptual framework is based on the assumption that social inclusion involves the removal of institutional barriers and the enhancement of incentives to increase access by diverse individuals and groups to development opportunities (Asian Development Bank 2010). This involves elimination of privileged access, unequal power relations, discrimination and stigma (Betts, Watson and Gaynor 2010). The framework adopted by the chapter (see Figure 1) therefore sets out the areas that can be used to assess the situation faced by girls/women and boys/men, in order to review the responses of the government and donors in improving their lots. It is clear from the framework that in order to achieve the MDGs, institutional barriers often embedded in the cultural, social and economic practices should be eliminated to allow the excluded to actively take part in all aspects of human endeavours. Elimination of such barriers will address the concern of UK Department for International Development (DFID) (Betts, Watson and Gaynor 2010) that *social exclusion* does not allow poverty reduction policies and programmes to reach socially excluded groups.

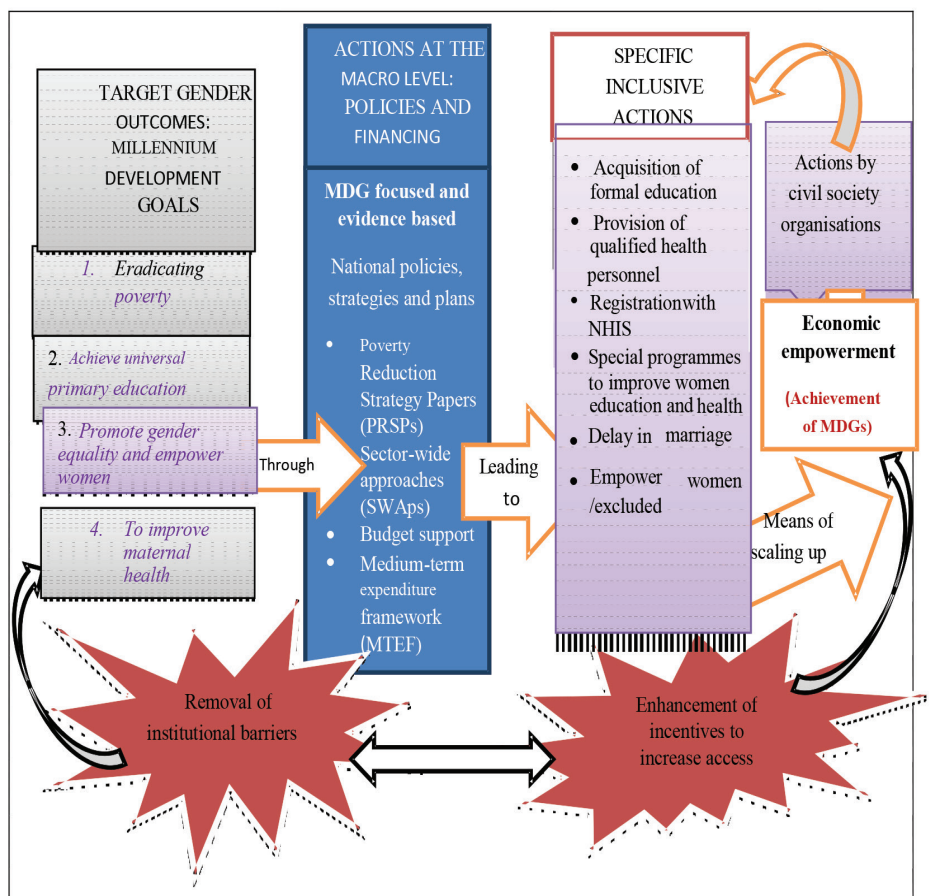


Figure 1: Conceptual Framework for Achieving Gender-related MDGs

SOURCE: Adapted from Betts, Watson and Gaynor (2010)

In other words, once the institutional barriers are eliminated, every individual member of the community would have an opportunity to be part of all economic activities which will ultimately lead to economic empowerment. However, the economic empowerment would be enhanced by provision of state intervention programmes to help the disadvantaged. Some of the state intervention programmes and policies are: poverty reduction strategy papers (PRSPs), sector-wide approaches and budget support.

Kabeer (2000) described social exclusion as a process through which individuals or groups are wholly or partially excluded from full participation in the society in which they live. Invariably, exclusion can be

traced to both material (assets) and relational (social relations) differences which manifest as wealth, cultural and religious differences (UNDP-Gh 2007). The consequences of social exclusion are typically alienation, isolation, deprivation and chronic poverty. Taking all these into consideration, DFID defines social exclusion as a process by which certain groups are systematically disadvantaged because they are discriminated against on the basis of their ethnicity, race, religion, sexual orientation, caste, descent, gender, age, disability, HIV status, migrant status or where they live (Betts, Watson and Gaynor 2010).

Domfe (2013), among others, has observed correlation between social exclusion and welfare. He identified socially excluded individuals as usually having lower standards of living because of exclusion from more rewarding economic production processes, which then further excludes them from the commodity market. As Thorat (2007) explained, “it is quite clear that insofar as exclusion and discrimination involve the denial of access to resources, employment, education, and public services, they certainly impoverish the lives of excluded individuals” (p. 2). Kabeer (2000) shared a similar sentiment on the consequences of social exclusion:

“.....the fact that socially excluded groups face particular barriers in gaining access to resources and opportunities – means that those most likely to be left behind in national progress on the MDGs are disproportionately drawn from ethnic and religious minorities, from racially disadvantaged groups and from the lowest castes. Women and girls from these groups are frequently at a greater disadvantage (P 14).

DFID observed that social exclusion is an obstacle for achieving the MDGs because poverty reduction policies and programmes often fail to reach socially excluded groups (Betts, Watson and Gaynor 2010). In response, governments, especially those in the developing world where social exclusion is intense, have introduced various state intervention programmes and policies with the aim to encourage social inclusion in all aspects of human endeavours. The study focuses on key indicators for achieving MDGs 1, 2, 3, and 5 and discusses correlation between them and welfare or the MDG-dependent variable. This is accompanied by a discussion on the various intervention programmes by the Government of Ghana during the period of implementation of the MDGs.

3. Analytical Framework and Discussion of Results

3.1 Analytical Framework

3.1.1 Approaches of Modelling Determinants of Welfare (MDGs)

The chapter employs welfare index as a proxy of the gains made by Ghanaian women through the MDGs. This is premised on the fact that the main aim of the indicators of MDGs selected for the chapter seek to improve women’s welfare. The MDGs, which originated from the United Nations Millennium Declaration, asserted, among other things, that every

individual has the right to dignity, freedom, equality and most importantly, a basic standard of living. The required basic standard of living being espoused here is one that offers an individual a minimum nutritional requirement and certain basic needs of life such as shelter and clothing. Therefore, the econometric analysis of the study captures the achievements of MDGs as progress made in the welfare of the women during the period of implementation of the MDGs.

The main challenge, however, appears to be the selection of the appropriate measure of welfare (Coudouel, Jesko and Quentin 2002). This is because welfare has numerous dimensions of measurement popular among which are: income, consumption, health, education and assets ownership. However, consumption measure is often considered as the most suitable measure of welfare, especially if the study is done in developing countries where the economies are largely informal with a significant number of workers being self-employed (Atkinson, Rainwater and Smeedin 1995). Even though income measure of welfare is popular in the developed world, the volatile nature of workers' income in the developing economies makes such measures unreliable (Domfe 2013).

The study therefore relies on consumption expenditure as a suitable measure of welfare. In other words, total amount of expenditure on goods and services consumed is regressed on some selected indicators of welfare in order to examine factors that have promoted the attainment of the MDGs in Ghana. Literature has identified two main approaches for modelling determinants of welfare: expenditure function approach and discrete approach (Fissuh and Harris 2005). In the expenditure function approach, a continuous variable, consumption expenditure per adult equivalent (welfare indicator of MDG gains) is regressed on a set of explanatory variables (Geda *et al.* 2001; Arneberg and Pederson 2001). The analytical approach of these two studies is considered convenient for this study because of the general expectation that welfare in Ghana could be a function of the indicators of the MDGs. In other words, the selected explanatory variables for the study are either attributes of the MDGs with welfare implications or socio-economic characteristics that have been identified by some studies as enhancing social inclusion in Ghana (Domfe 2013). That is to imply that, variables such as area of residence in Ghana, educational attainment, years of first marriage and subscription to the National Health Insurance Scheme (NHIS) can, to some extent, exclude or include individual Ghanaians from participating fully in all aspects of social life in Ghana.

The other approach is to directly model well-being by employing a discrete choice model (Fissuh and Harris 2005). In this approach, a poverty line is used to divide the population into poor and non-poor after which a binary logit or probit model is employed to estimate the probability of a household being poor conditional upon some chosen explanatory variables. Several studies have employed this approach (Geda *et al.* 2001).

According to Fissuh and Harris (2005), the discrete choice model has a number of attractive features that make it appear superior to the expenditure approach. For instance, because the discrete choice model is able to give probabilistic estimates, it can make probability statements about the effect of the variables in the poverty status of an individual. Again, apart from the discrete choice model allowing for the effects of independent variables to vary across poverty categories, it also tries to capture any heterogeneity between the poor and non-poor.

However, certain other attributes of discrete model render the consumption function approach preferable. In the first place, there could be loss of information by creating categories of poverty status as required in the case of discrete modelling (ibid). As a result, Brucks *et al.* (2007) described the discrete approach (probit) as a more *narrow sense* of poverty measure. In the same vein, because the continuous consumption function is able to capture information at all levels of poverty, it is often described as a more *broad sense* measure of poverty. Again, while those above or below the poverty line are heterogeneous, discrete approaches of modelling do consider them as homogenous. Lastly, Fissuh and Harris (2005) identified some arbitrariness in the setting of the absolute poverty line. It is therefore clear that each of the two approaches has its own strengths and weaknesses. Therefore the study employed both approaches to ensure robustness in modelling the determinants of welfare (considered by the study as MDG gains) during implementation of the MDGs in Ghana.

3.1.2. Consumption Expenditure Function Approach of Modelling Welfare/MDGs (OLS)

Consumption function approach of modelling welfare is a simple linear regression with consumption expenditure per adult equivalent being regressed on potential explanatory variables. The study followed closely the various suggested approaches by the Ghana Statistical Service in computing consumption expenditure for the Fifth Round of the Ghana Living Standard Survey (GLSS 5). Among the various items included in the household consumption expenditure for the study were household consumption of home produced goods and services, recorded cash expenditures on items such as food, services and housing and the non-cash incomes in kind which was included as an imputed expenditure.

By carefully including household consumption of home produced goods and services, the problem of underestimation often associated with consumption expenditure measures for subsistence agricultural households and domestic consumption of the output of non-farm production activities was minimised. While it is often difficult to include imputed cost of some household consumption in the consumption expenditure, the GLSS survey results offered some scope for imputing values of such expenditures (Coulombe and McKay 2008; Domfe 2013). This makes the measured *consumption expenditure* for the study relatively more accurate than those done in many other developing economies. Describing the much improved

nature of the approaches in capturing household consumption in Ghana, Coulombe and McKay (2008) wrote: "...the need to make these imputations is generally accepted in principle, although in many cases it is difficult to obtain estimates in practice and they are frequently excluded from many countries' national accounts estimates (p.5)".

We therefore followed Coulombe and McKay (2008) closely in measuring the household consumption expenditure per adult worker as:

$$\omega_i = f(F_{EXP} + H_{EXP} + OA_{EXP} + FI_{EXP} + OI_{EXP} + R_{EXP}) \dots \dots \dots (1)$$

Where:

F_{EXP} = Food expenditure (actual)

H_{EXP} = *Housing expenditure (actual and imputed)*: The following items are considered in capturing this component: actual expenditure on rent, an imputed rental value for owner-occupied dwellings, an imputation of rent for those households who receive subsidised or rent-free housing from employers, relatives or others, and an imputation of rent for those who neither own nor rent their dwellings (such as squatters).

OA_{EXP} = *Other expenditure (actual)*: This is an aggregate of all consumption expenditure made in monetary form other than those on food and housing. It includes elements such as clothing and footwear, household management, personal care products, energy and fuels, health and education, other services, and infrequent expenditures (example, jewellery).

FI_{EXP} = *Food expenditure (imputed)*: This variable captures two types of imputation; the domestic consumption of own output by households engaged in agricultural production and the value of any wage income received by household members in the form of food.

OI_{EXP} = *Other expenditure (imputed)*: This variable captures domestic consumption of the output of household non-farm enterprises including wage payment in kind received in any form other than food or housing.

R_{EXP} = *Expenditure on remittances*: This is made up of all transfer payments of remittances made to other households.

Since most of these expenditure variables captured by the survey were related to a range of different reference periods, they were expressed on a consistent annual basis before being added up together. A reduced-form linear model of consumption function suggested by Brucks (2007) was then adapted to specify a model to analyse the determinants of welfare (indicators of MDG gains) as.

$$\omega_i = a + \beta L_i + e_i \dots \dots \dots (2)$$

Where: ω_i = consumption expenditure per respondent (calculated as the average household consumption expenditure), L_i is a set of both individual and group-based economic exclusion characteristics of an i^{th} respondent, and e_i is an error term that is assumed to be uncorrelated with the explanatory variables.

The individual-based exclusion factors are factors that are inherent in an individual which can exclude him/her from fully taking part in production process (Thorat 2007). The chapter considers the following as individual-based exclusion factors: age, formal education, year of first marriage and religious denomination of the individual. The group-based exclusion factors are those characteristics of the community beyond the control of individuals which can exclude him/her from being part of a social or economic process. This includes health gains from subscription to the NHIS, area of residence (geographical location of the individual Ghanaian) and availability and accessibility of skilled health personnel.

Equation (2) was then expanded as:

$$\omega_i = \alpha + \beta_{1\text{AGE}} + \beta_{2\text{AGESQ}} + \beta_{3\text{GENDER}} + \beta_{4\text{EDUC}} + \beta_{5\text{REL}} + \beta_{6\text{ECOZ}} + \beta_{7\text{AFM}} + \beta_{8\text{NCHN}} + \beta_{9\text{CONT}} + \beta_{10\text{CAREG}} + \beta_{11\text{NHIS}} + e_i \dots\dots\dots (3)$$

Where:

$\beta_{1\text{AGE}}$ = Age of the respondent;

$\beta_{2\text{AGESQ}}$ = Squared of respondent's age;

$\beta_{3\text{GENDER}}$ = A dummy variable, female = 1, male = 0;

$\beta_{4\text{EDUC}}$ = A dummy variable called formal education = 1, if respondent has acquired formal education, otherwise zero.

Lack of formal educational qualification can cause exclusion in the Ghanaian labour market (Domfe 2013).

$\beta_{5\text{REL}}$ = A polytomous variable called religion with the outcomes: *Traditional Religion*, *Moslem* and *Christianity* as the reference variable. We hypothesised that being a member of a religious denomination could exclude individual from fully participating in economic productive process.

$\beta_{6\text{ECOZ}}$ = A polytomous variable with outcomes; coastal zone and savannah zone with forest zone as the base outcome. Ghana could be divided into three main zones indicated by this variable.

We hypothesized that because the economy is predominantly agrarian, those who live in the forest zone where rainfall is often reliable might perform better in achieving the MDGs than those in the savannah. In other words, lack of rainfall could exclude farmers in the savannah zone from actively participating in farming.

$\beta_{7\text{AGFM}}$ = A continuous variable indicating age a respondent first married

$\beta_{8\text{NCHN}}$ = Number of children in a household. Presumably, households with higher number of children might not perform well in attaining the MDGs.

$\beta_{9\text{CONT}}$ = A dummy variable =1, if the respondent uses contraceptive, otherwise zero.

$\beta_{10\text{CAREG}}$ = This is a polytomous variable indicating type of medical caregivers. It consists of nurse, medical assistant, midwife and traditional/spiritualist with medical doctor as the base outcome.

$\beta_{11\text{NHIS}}$ = A dummy variable = 1 if the respondent has registered with the National Health Insurance Scheme.

3.1.3. Discrete Approach to Modelling Poverty (Welfare/MDGs)

Discrete approach in modelling determinants of welfare requires that the population is initially divided into poor and non-poor using a poverty line developed for such purpose. We employed a consumption-based poverty line constructed by the Ghana Statistical Service in 2008 based on the GLSS 5 data collected in 2005/2006. The specification illustrated by equation (1) is then extended for the analysis of household welfare relative to a pre-determined poverty line to generate a binary variable; poor equal to one, otherwise zero. Given that the response variable ‘Y’ is *binary with explanatory variables ‘X’*, which are assumed to influence the outcome ‘Y’, then *probit model* for the study could be represented as:

$$\Pr(Y = 1 | X) = \Phi(X'\beta), \dots\dots\dots(4)$$

Where *Pr* denotes probability, Φ is the cumulative distribution function of the standard normal distribution with parameters β being estimated by maximum likelihood. Y^* is finally expressed as:

$$Y^* = X'\beta + \varepsilon, \dots\dots\dots(5)$$

Where $\varepsilon \sim N(0, 1)$; $Y = 1$ if a respondent’s total consumption expenditure is above the poverty line of GH¢375, and $Y = 0$, if a respondent’s consumption expenditure is below the poverty line. ‘X’ is the set of social inclusion explanatory variables considered for the linear regression in equation (3). While the same set of explanatory variables was chosen for both the consumption function (linear regression) and the discrete regression (probit), the interpretations were done differently. For example, if education variable correlates inversely with poverty status, then it means any increase in the number of years of education will increase consumption (equation 3) and decrease poverty (equation 5).

3.2. Discussion of the Results

3.2.1. Descriptive Statistics

This section employs the data sets of the GLSS 4 (1998/99), GLSS 5 (2005/2006), and the first round of EGC/ISSER socio-economic panel

household survey (2010) to analyse the trend of gender-related indicators of the MDG 1, 2, 3 and 5. In some cases, macroeconomic data from Ghana Statistical Service and World Development Indicators were employed to shed light on some macroeconomic dynamics. The discussions mainly concentrate on the achievements of the MDGs and their relationship with the various policy interventions during the three survey periods. Under the Goal 1, the section discusses the gender dimension of the share of poorest quintile in national consumption. In that way, it would be possible to appreciate the gains made by women and men as the level of incidence of poverty at the national level declines. Goal 2 takes a look at the enrolment in primary education and completion of primary education, Goal 3 concentrates on women empowerment while Goal 5 discusses maternal mortality ratio and proportion of births attended by skilled health personnel. These goals were selected because of their direct implication for the welfare of Ghanaian women.

3.2.2 Possible Reasons for Poverty Reduction in Ghana (MDG 1)

All the eight MDGs have specific targets and dates for achieving the targets. The first of these goals, MDG 1 aims at reducing the 1990 incidence of extreme poverty by half in 2015. Among other things in accelerating progress, the G8 Finance Ministers agreed in June 2005 to provide enough funds to the World Bank, the International Monetary Fund (IMF) and the African Development Bank (AfDB) to cancel \$40 to \$55 billion in debt owed by members of the Heavily-Indebted Poor Countries (HIPC) (Carrasco, McClellan and Ro 2007). The aim of this was to provide room for these countries to redirect resources to the areas of health and education to ultimately impact on poverty reduction.

As a country, Ghana has benefitted from many multilateral and bilateral poverty reduction packages before and during the period of implementation of the MDGs. In April 1983, Ghana subscribed to the IMF/World Bank structural adjustment reform package, dubbed Economic Recovery Programme (Gockel and Amu 2003; Kraev 2004). The reforms in the 1980s chalked some successes, especially in the area of growth. But it is probably the adoption of decentralisation in 1987 and multi-party democracy in the early 1990s, followed by implementation of poverty reduction strategies in 2000s that helped to garner giant strides of hope. The economy of Ghana grew at an average annual rate of about 5.3 per cent over 1990–2011 (Figure 2), with growth being most significant between 2003 and 2011; averaging around 7.2 percent. The country discovered oil in commercial quantity in 2007 and started oil production in the last quarter of 2010 which significantly accounted for the unprecedented 14.4 percent growth rate recorded in 2011 (Domfe 2013).

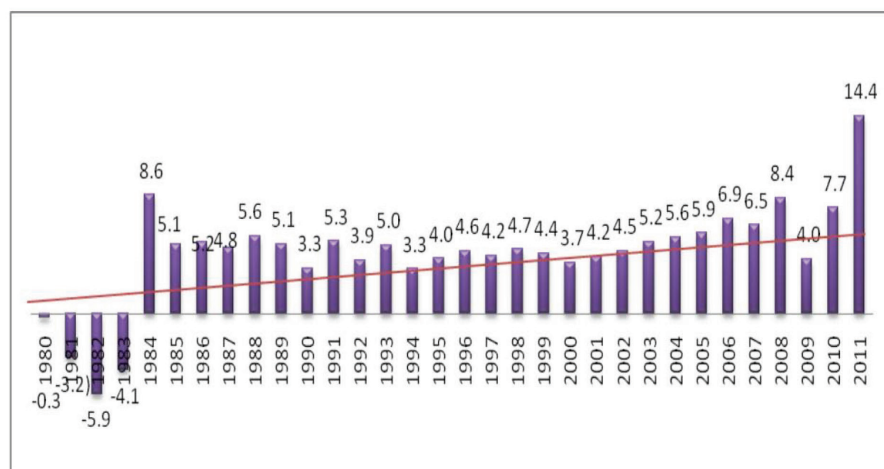


Figure 2: Ghana's Real GDP Growth Rates, 1980 to 2011

SOURCE: Ghana Statistical Service

Among the poverty reduction programmes was the HIPC relief package. Ghana took a decision to take advantage of the Enhanced HIPC initiative and as part of the requirement, the country wrote and implemented a comprehensive poverty reduction strategy paper dubbed: Ghana Poverty Reduction Strategy Paper I (GPRS I). Having been implemented between 2001 and 2005, the main aim of GPRS I was to promote comprehensive policies aimed at wealth creation through the transformation of the economy to achieve accelerated poverty reduction and the protection of vulnerable groups (Government of Ghana 2003).

This yielded dividend as government was able to suspend debt service payments to bilateral donors, which brought budgetary savings of about US\$190 million to the economy during the commencement year (ibid). Apart from this, Ghana enjoyed relative macroeconomic stability from the year 2001 to 2005. Inflation consistently dropped from approximately 41 per cent to 14 per cent by December 2005. Prime rate also consistently declined from 24.5 per cent in 2002 to 18.5 per cent in 2004 and 15.5 per cent in 2005 (Bank of Ghana 2006). GDP growth rate accelerated from 3.7 per cent in 2001 to 5.8 per cent in 2005. While GPRS I registered a lot of, both microeconomic and macroeconomic successes, another development strategy, Growth and Poverty Reduction Strategy Paper (GPRS II) was implemented to build on the successes and also to address the failures of GPRS I. Ghana's current development policy framework, the Ghana Shared Growth and Development Agenda (GSGDA) is the successor to the GPRS II. In broad terms, the GSGDA is not too different from the GPRS II in terms of its objective to reduce poverty through economic growth and stability (Government of Ghana 2010).

The improved economic growth rates appear to have resulted in a drastic reduction of the level of poverty from about 51.7 per cent in 1991/92 to 28.5 per cent in 2005/06 (Ghana Statistical Service 2007). This places Ghana in a good position to halve the 1990 level of poverty rate by the year 2015. However, available data appear to indicate substantial differences in income and consumption by different groups. As a result, inequality as measured by the Gini coefficient increased consistently from 0.373 in 1992 to 0.43 in 2006. Ghana's Gini coefficient of about 0.43 in 2006 remained high compared to other developing countries such as Burundi and Togo (Figure 3).

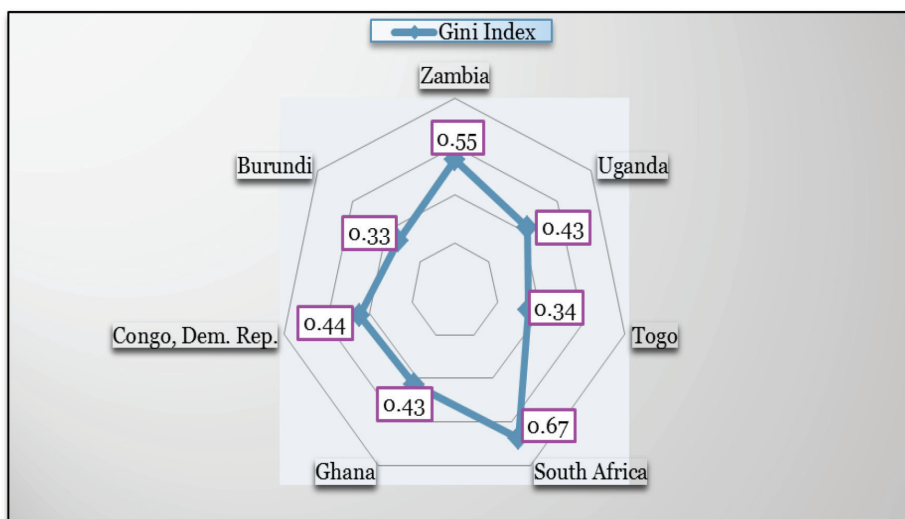


Figure 3: Ghana's Gini versus other Developing Countries (2006)

SOURCE: The World Bank (2012)

A possible explanation might be that the poorest of the poor have participated much less in the growth and poverty reduction (Osei and Domfe 2008). Figure 4 illustrates differences in income earned by men and women in Ghana between 1998 and 2006. While only the reported real income (nominal income accounted for by inflation) of the women in the first quintile group (GH¢ 39.03) was higher than their male counterparts (GH¢ 38.30) in 1998/99 survey period, real income of men in all the quintiles for all the survey periods was always higher than real income of the women. This means that in Ghana men earn higher income than women do. In spite of this wage difference, average real income for women in Ghana increased from GH¢193.8 during the 1998/99 survey period to GH¢ 995.1 in 2005/2006 survey period.

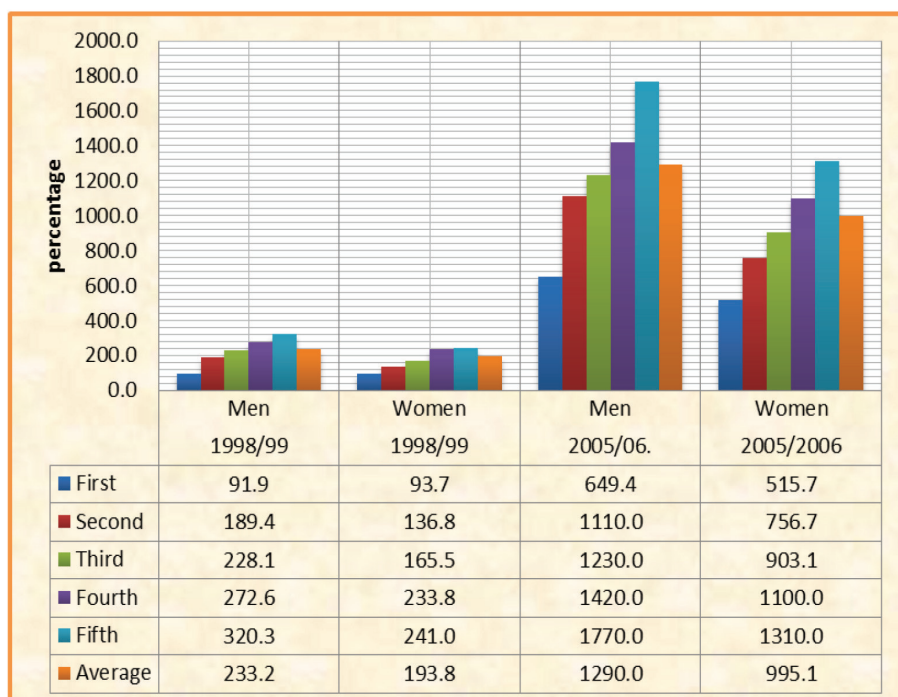


Figure 4: Changes in Real Income (1991 to 2006) by Quintile Groups

SOURCE: Authors' computation based on GLSS 4 and GLSS5

3.2.3 Achieve Universal Primary Education (MDG 2)

Target 2A envisages that by 2015, all children (both girls and boys) can complete a full course of primary schooling. This was to be measured through changes in the *enrolment in primary education* and *completion of primary education*. Figure 5 illustrates the trend of gross primary and secondary enrolment ratios for the period 1998/99 to 2010 in Ghana. The United Nations Educational, Scientific and Cultural Organization (UNESCO), describes '*gross enrolment ratio (GER)*' as the total enrolment within a country "in a specific level of education, regardless of age, expressed as a percentage of the population in the official age group corresponding to this level of education¹. GER is therefore simply considered as the share of children of *any age* that are actually enrolled in primary school" (Huebler 2005). Using these definitions, GER is calculated as the ratio of all enrolled children of any age to the total number of children in the official school age cohort.

$$GER = \frac{\text{Enrolled children of all school ages}}{\text{Total number of children in the official school age group}}$$

For instance, *gross enrolment ratio for primary school (GER-Primary)* is the ratio of children who are actually in primary school to all children between the ages of 6 and 11 years and are supposed to be in primary school. While *gross enrolment ratio for secondary school (GER-Secondary)* considers children usually between the ages of 12 and 17 years. It is possible for the gross enrolment ratio to be greater than 100 per cent as a result of grade repetition and entry at ages younger or older than the typical age at that grade level.

While GER for primary school for both men and women exhibited an increasing trend from 1998/99 to 2010, GER at this level for the women increased from 81.4 per cent in 1998/99 to 102.1 per cent in 2010 (Figure 5). Even though GER for secondary school also registered some increases for both men and women during the period, the rates of GER for the secondary school appear lower compared to the rates for the primary school. Possible explanation to this development could be that Ghanaian children in primary schools were actually too old to be at that level. This is consistent with the finding by Huebler (2005) that noted that children in sub-Saharan Africa often enter school late and stay at the primary level well past primary school age.

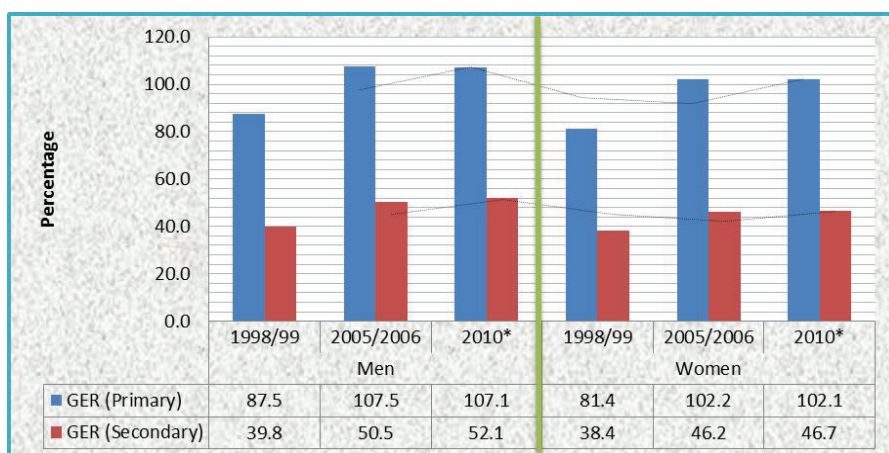


Figure 5: Gross Enrolment Ratio, By Gender (1998/99 to 2010)

SOURCE: Authors' computation based on GLSS 4, GLSS5 and first round of the EGC/ISSER Socio-economic panel household survey (2010)*

The primary school net enrolment ratio (NER) is the share of children of official primary school age that are enrolled in primary school (Huebler 2005). In other words, NER considers only children who are expected to be enrolled at a given level of education and are actually enrolled at that level. It is therefore calculated as:

$$\text{NER} = \frac{\text{Enrolled children in the official school age group}}{\text{Total number of children in the official school age group}}$$

Unlike GER, NER cannot exceed 100 per cent. The data (Figure 6) indicate NER for women as increasing from 32.4 per cent in 1998/99 to 64.5 per cent in 2010. While NER at secondary school for the men marginally declined, women made tremendous gains in the NER for secondary school during the period. The gains made by women in NER could be attributed to the emphasis placed on girls' education by programmes such as Girl Child Education and Free Compulsory Universal Basic Education (FCUBE) by the Ghanaian Government during the period. But it is important to note that NER lags far behind GER, with serious implications for the competitiveness of the Ghanaian workforce.

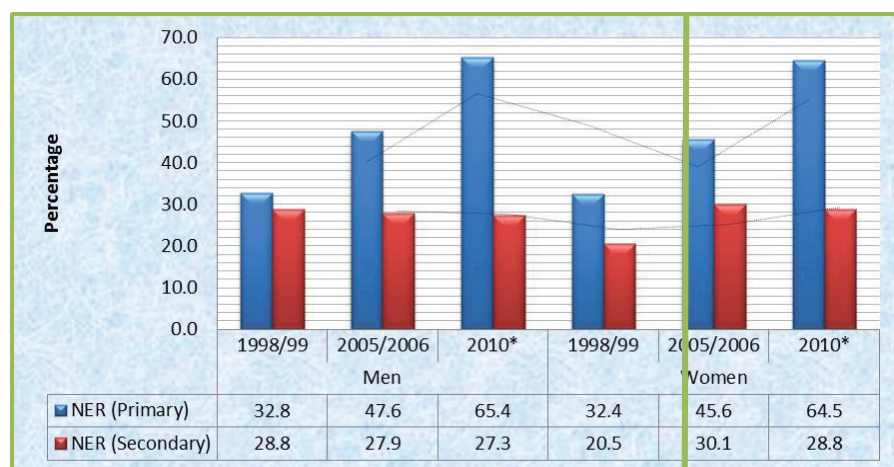


Figure 6. Net Enrolment Ratio, by Gender (1998/99 to 2010)

SOURCE: Authors' computation based on GLSS 4, GLSS5 & first round of the EGC/ISSER; Socio-economic panel household survey (2010)*

3.2.4 Promote Gender Equality and Empower Women (MDG 3)

MDG 3 aims, among other things, to eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015. One of the expected outcomes of this goal is to improve the *ratios of girls to boys in primary, secondary and tertiary education*. While Government has rolled out various programmes to facilitate progress of this indicator, universities in Ghana have increased cut-off points for women admissions.

Figure 7 illustrates the trend in the educational attainment of people aged 15 years and over. The use of this age as the cut-off point is based on the

minimum legislated age of 6 years for entering primary school in Ghana (Ghana Statistical Services 2000). This means that a new entrant will have to do at least 9 years of schooling to qualify to sit for the Basic Education Certificate Examination (BECE). The percentage of women who do not have academic qualifications declined from 41 per cent in 1998/99 to 35.3 per cent in 2010. At the same time, proportion of women who acquired secondary school/higher educational qualification increased from 5.7 per cent in 1998/99 to 11.4 per cent in 2010. While women gained a 100 per cent increase in acquisition of secondary school/higher academic laurels, men gained only 9.5 per cent increases of this level academic qualification during the period.

The significant *gender equity gains* illustrated by Figure 7 could be partly attributed to the spread of tertiary education in the country, especially during the last decade. While there used to be only three traditional public universities², the country now can boast of over sixty universities including ten public universities. All the 35 Teacher Training Colleges have also been upgraded to diploma awarding institutes while some of the polytechnics are now running degree programmes. Additionally, in order to encourage more women to acquire tertiary level academic qualification, the state universities have decreased the cut-off points for women's admission to the university. Since education is a potential tool of empowerment, it can be deduced that *women empowerment* was greatly enhanced through education between 1998/99 and 2010.

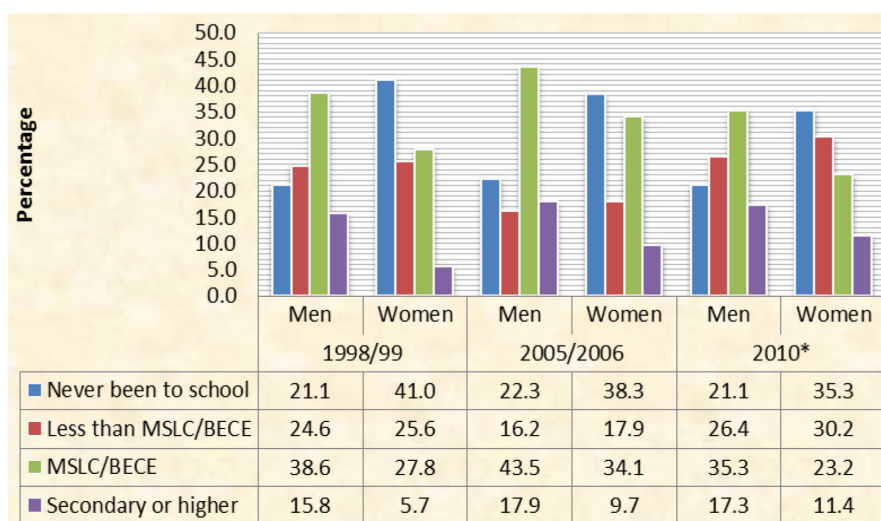


Figure 7: Academic Qualification Attained, by Sex (Percentage)

SOURCE: Authors' computation based on GLSS 3, GLSS 4 and GLSS5

Table 1 illustrates the share of women in wage employment in the non-agricultural sector in 2005/2006 survey period. The private informal sector absorbs a chunk of the labour force in the age group 15–18 years. However, as workers advance in age, they become attracted to the Government and private formal sector. For the entire working age group, 15–64 years, women appear more attracted to the private informal sector while men who are relatively better educated are more attracted to the private formal sector.

3.2.5 Improvement in the Maternal Health (MDG 5)

Goal 5, Target 5A attempts to reduce by three quarters, between 1990 and 2015, the maternal mortality ratio through improvement in the proportion of births attended by skilled health personnel. In other words, maternal mortality rate would reduce as more skilled health personnel become available and accessible to the pregnant women. Among all health personnel, medical doctors are the most skilful followed by nurses. The data (Figure 8) suggest percentage use of services delivered by doctors as declining while that of nurses shot up significantly. It is also worthy to note that the popularity of traditionalist birth attendants appears to be waning away between 1998/99 and 2010.

Table 1. The share of women in wage employment in the non-agricultural sector

	Men	Women	Total
15-18 (Inclusive)			
Government	3.23 (3.23)	2.17 (2.17)	2.60 (1.82)
Private formal	0.00 (0.00)	4.35 (3.04)	2.60 (1.82)
Private informal	96.77 (3.23)	93.48 (3.68)	94.81 (2.55)
International organisation/NGOs	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)
Total	100.00	100.00	100.00
19-24 (Inclusive)			
Government	7.04 (1.76)	9.21 (2.35)	7.95 (1.42)
Private formal	17.37 (2.60)	15.79 (2.97)	16.71 (1.96)
Private informal	75.12 (2.97)	74.34 (3.55)	74.79 (2.28)
International organisation/NGOs	0.47 (0.47)	0.66 (0.66)	0.55 (0.39)
Total	100.00	100.00	100.00
Total working age population			
Government	32.16 (1.19)	32.95 (1.90)	32.38 (1.01)
Private formal	20.55 (1.03)	16.89 (1.52)	19.51 (0.86)
Private informal	45.60 (1.27)	48.20 (2.02)	46.34 (1.08)
International organisation/NGOs	1.70 (0.33)	1.97 (0.56)	1.77 (0.29)
Total	100.00	100.00	100.00

Source: Own calculations based on GLSS5 (2005/06) Notes: Standard errors in brackets. The data is weighted.

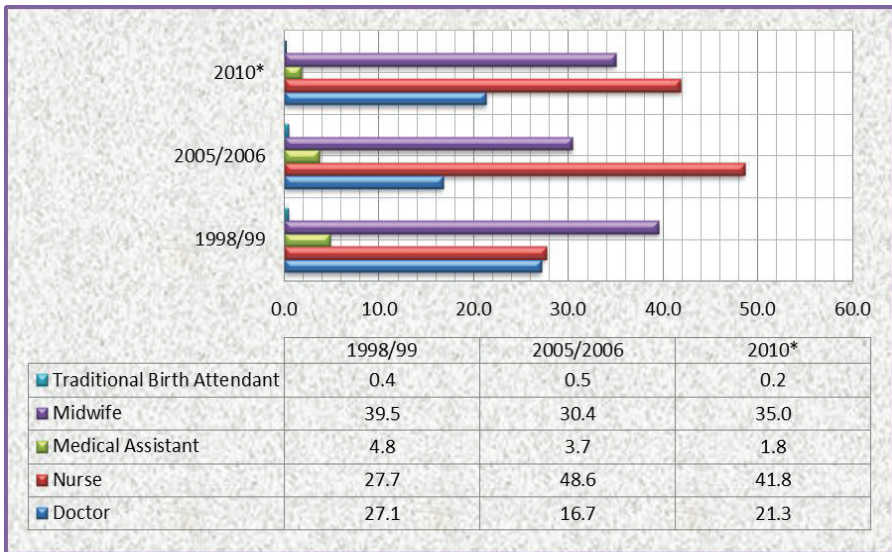


Figure 8: Providers of Pre-natal Care Services (1998/99 to 2005/06)

SOURCE: Authors' computation based on GLSS 4 and GLSS 5

3.3 Econometric Analysis

3.3.1. Test of Multicollinearity

The problem of multicollinearity has gained attention of the literature on microeconometrics, especially those with categorical independent variables (Wissmann, Toutenburg and Shalabh 2007; Domfe 2013). It usually arises when the explanatory variables in the linear regression model are correlated. The effect of multicollinearity on individual parameter estimates increases gradually as the correlation coefficients among the explanatory variables increase. While this affects the final results of a regression, the debate is not yet conclusive on any single metric measure of collinearity. Cohen *et al.* (2003) explained that a correlation as high as 0.50 will only have little impact on a model. However, they (Cohen *et al.*) considered correlation between predictors of a model around 0.90 as potentially exhibiting serious multicollinearity problem. As a result of this concern, before proceeding to empirically examine the determinants of the MDGs (Welfare), we employed *Pearson Correlation Coefficient* strategy on the explanatory variables to ascertain whether the presence of the multicollinearity could affect the results of the regression (see Table 3 for the results). Based on the explanation by Cohen *et al.* (2003) regarding suggested *cut-off point* for detecting serious multicollinearity, we conclude that the selected explanatory variables for the two regressions in the chapter, do not exhibit serious multicollinearity.

Table 2. Symbols of the explanatory variables for multicollinearity test

Variable	Symbol
Age	A
Age Squared	B
Gender (Female)	C
Formal Education	D
Moslem	E
Traditional	F
Coastal	G
Savannah	H
Age first married	I
Number of children	J
Contraceptive use	K
Coastal	L
Savannah	M
Nurse	N
Medical Assistant	O
Midwife	P
Traditional/Spiritualist	Q
NHIS	R

SOURCE: Author's design

Table 3. Correlation matrix on the explanatory variables

Variables	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
A	1.00															
B	1.00	1.00														
C	0.04	0.04	1.00													
D	-0.10	-0.10	-0.01	1.00												
E	-0.05	-0.05	-0.04	-0.28	1.00											
F	0.07	0.07	0.03	-0.26	-0.22	1.00										
G	0.00	0.00	-0.02	0.20	-0.17	-0.13	1.00									
H	-0.01	-0.01	-0.02	-0.46	0.35	0.31	-0.42	1.00								
I	0.28	0.28	0.00	0.12	-0.03	-0.09	0.12	-0.09	1.00							
J	0.35	0.35	0.03	-0.21	-0.03	0.15	-0.09	0.03	-0.07	1.00						
K	0.01	0.01	0.03	0.09	-0.07	0.05	-0.02	-0.01	-0.04	0.05	1.00					
L	-0.07	-0.07	-0.01	-0.13	0.13	0.09	-0.15	0.25	-0.01	-0.02	-0.04	1.00				
M	0.01	0.01	0.02	-0.04	-0.05	0.06	-0.02	0.01	-0.02	0.02	0.05	-0.19	1.00			
N	0.05	0.05	-0.02	-0.02	0.00	-0.03	0.00	-0.06	-0.01	0.05	0.03	-0.65	-0.13	1.00		
O	0.03	0.03	0.01	0.06	-0.05	0.03	-0.04	-0.03	-0.02	0.04	0.03	-0.08	-0.02	-0.05	1.00	
P	0.04	0.04	0.03	0.20	-0.03	-0.13	0.00	-0.05	0.13	-0.03	0.06	-0.02	0.03	0.01	0.00	1.00

SOURCE: Authors' construct based on GLSS 5 data

3.3.2 Determinants of Welfare of Women (MDGs)

The results from both the linear and probit regressions illustrated by Table 4 indicate acquisition of formal education as correlating strongly with the welfare of Ghanaian women. In the case of the probit regression, acquisition of an additional year of formal education would reduce the probability of an individual woman falling into poverty by 35.2 percentage points. This means that acquisition of formal education is a very important instrument for improvement of women's welfare in Ghana. This is consistent with studies which have acknowledged acquisition of formal education as increasing an individual's value in the labour market (Schultz 1988; Bartel and Lichtenberg 1991; Saxton 2000; Owusu, Deme-Der, and Domfe 2010).

The next variable that appears to correlate with welfare of the women is traditional religion. The data suggest that practising traditional religion instead of Christianity religion would predispose a Ghanaian woman to poverty by 29 percentage points. While the data could not provide any further explanations to this effect, traditional religion appears very common among rural dwellers and therefore, conditions in rural areas rather than

membership of traditional religion might be the reason for predisposition to poverty.

Geographical location in Ghana can explain MDG achievements in Ghana. The country is divided into three main zones as: coastal zone, forest zone and savannah zone and the results of both linear and probit regressions show statistically significant correlation between the zone (place) of residence in Ghana and the welfare of women. While the results of the linear regression indicate welfare of an average Ghanaian woman as being increased by 39.6 percentage points by residing in the coastal zone instead of the forest zone, welfare of those who reside in the savannah zones instead of the forest zone declines by 49.6 percentages point. The results confirm finding of studies that have suggested that poverty situation in the northern part of Ghana is the worst in the country (Ghana Statistical Service 2008; Domfe 2013). This might be so because while agriculture is the main occupation in this part of the country, rainfall which happens to be the single most important determinant of agricultural productivity is comparatively very low in this area (Seidu 2008).

The data suggest delay in marriage as being positive and significant for reducing poverty among women in order to enhance gender parity towards the attainment of the MDGs in Ghana. An additional year delay in marriage (increase in year of marriage by one year) would increase an individual's welfare by 3.6 percentage points. In other words, early marriage might be a barrier to attainment of the MDGs in Ghana. Relating to this is the number of children which shows a negative correlation with welfare. Addition of one more child would decrease welfare by 10.9 percentage points (Table 4).

Table 4. Determinants of welfare index (MDGs) in Ghana

Variable	Linear Regression (OLS Regression)		Discrete Regression (Probit Regression)	
	Coefficient	t-statistics	Coefficient	z-statistics
Age	0.035	0.95	-0.060	-1.33
Age Squared	-0.001	-1.08	0.001	1.54
Formal Education	0.323	4.02***	-0.352	-3.66***
Religion (Christianityreference)				
<i>Moslem</i>	0.017	0.18	-0.001	-0.01
<i>Traditional</i>	-0.026	-0.23	0.290	2.19**
Ecological Zone (Forestreference)				
<i>Coastal</i>	0.396	4.16***	-0.308	-2.28**
<i>Savannah</i>	-0.496	-5.62***	0.708	6.62***
Age first married	0.036	2.90**	-0.016	-1.01
Number of children	-0.109	-4.40***	0.095	3.04***
Contraceptive use	0.060	0.84	-0.049	-0.54
Type of caregivers (medical doctor: reference)				
<i>Nurse</i>	-0.255	-2.54**	0.593	4.09***
<i>Medical Assistant</i>	-0.262	-1.39	0.212	0.86
<i>Midwife</i>	-0.336	-3.24**	0.694	4.68***
<i>Traditional/Spiritualist</i>	-0.741	-1.82*	1.846	3.46**
NHIS	0.511	4.83***	-0.583	-3.90***
Constant	0.851	1.56	-0.163	-0.24
Diagnostic Statistics				
<i>Number of observations</i>	1,177	<i>Number of observation</i>		1,177
<i>F(15, 1161)</i>	23.53	<i>LR Chi(15)</i>		335.3
<i>Prob > F</i>	0.000	<i>Prob > Chi</i>		0.000
<i>R-squared</i>	0.248	<i>Pseudo R²</i>		0.215
<i>Adjusted R-squared</i>	0.238	—		—

SOURCE: Authors' estimation based on the data of the GLSS 5

Significance Level: 1% (***), 5% (**), 10% (*)

Both the results of the linear and probit regressions indicate availability of medical doctors instead of other health personnel as being important towards improvement of the welfare of Ghanaian women. For example, the use of one more nurse instead of a medical doctor affects welfare by 25.5 percentage points. This means welfare is enhanced as more medical doctors are trained to render medical services to Ghanaian women. Relating to this is subscription to the NHIS. The data suggest subscription to NHIS as increasing the welfare of the women subscribers by 51.1 percentage points.

1.4 Conclusion

Ghana has made significant improvement in trying to halve the incidence of poverty by 2015 from what it was in the 1990's. GLSS data sets indicate improvement in real income of Ghanaian women since the declaration of the MDGs. The general improvement in welfare of an average Ghanaian is however attributed to the various policies and programmes by the state to

reduce poverty. As a result of these policies, per capita income of an average Ghanaian increased significantly between 2001 and 2007, catapulting the country to a middle income status in 2007. However, one fundamental problem that still remains as a challenge is the income inequality among people of varying socio-economic backgrounds. While the economy continues to thrive, the gap between the rich and the poor appears to be widening. This simply means that the poor have contributed much less to the impressive economic growth the country recorded in the last few years.

This is against the backdrop of several state intervention policies such as National Youth Employment Programme and Savannah Accelerated Development Authority to ensure economic inclusion. While the chapter concludes that the current incidence of *social exclusion* in Ghana is still high with men having an edge over women, it made an effort to analyse gender equity gains during the period of implementation of the MDGs. It came out clearly that women made higher proportionate gains in the area of acquisition of formal education compared to their male counterparts. It is therefore suggested that national intervention programmes such as girl child education and the FCUBE be sustained, even beyond 2015, until gender parity is realised in all facets of socio-economic life activities in Ghana.

Geographical location also came out of the study as being relevant in explaining welfare status of the Ghanaian women. For instance, the women at the coastal zone are more likely to achieve the MDGs compared to those who live in the forest zones. This might be so because three of the Ghana's major cities, Accra, Tema and Takoradi are all found along the coast. Therefore, the study concludes that urban characteristics rather than situations at the coastal zone might be the reason for welfare increases. It is therefore recommended that social amenities in the cities are extended to the rest of the country in order to advance progress towards achievement of the MDGs in Ghana.

Additionally, Ghanaian women in the savannah zone are less likely to make progress in the MDGs compared to those in the forest zone. While this study is not the first to come up with such results, we conclude that much has not been done in addressing the challenges being faced by the residents in the savannah zone of Ghana. It is therefore recommended that more resources are channelled to this part of the country to address fundamental problems of social exclusion. While rainfall pattern appears to be the main reason behind poverty in the savannah, Government has over the years been trying to provide more irrigation facilities to ameliorate the situation. However, this has not been too successful and it is important that Government goes beyond just provision of irrigation by identifying and possibly resolving all potential obstacles to smooth implementation of such projects in the savannah zone.

The chapter confirms that early marriage predisposes women to poverty while delaying marriage enhances welfare. This could be attributed to

attainment of education since people usually delay marriages in order to further their education or acquire some livelihood skills. This means that as people delay marriage, they might be preparing themselves economically to face challenges of life. The study therefore recommends youth campaign programmes to educate the youth to spend time to prepare themselves economically before entering marriage. Moreover, the current law on minimum legal age of marriage should be enforced to the letter to prevent some individuals from parading in the corridors of religion and culture to force young girls into early marriage.

One of the indicators of MDG 5 is to improve proportion of births attended by skilled health personnel. While doctors, nurses, medical assistants and midwives fall into this category, it appears doctors are more important to the improvement of welfare of Ghanaian women compared to the other healthcare givers. The study concludes that doctors in Ghana may provide better prenatal medical services and accordingly recommend Government to intervene to produce more medical doctors to advance progress made in the MDGs attainments in this area, now and beyond 2015. For instance, all regional hospitals could be converted to teaching hospitals to train more medical doctors.

As indicated by the study, membership of NHIS has potential to enhance welfare of the Ghanaian woman. This is because subscribers of NHIS visit hospitals with the slightest observation of sickness. As a result, self-medication and patronage of traditional healthcare practices seem to have become less popular in Ghana. The chapter therefore recommends NGOs and the media to supplement Government's effort in educating a lot more Ghanaian women to register with the NHIS in order to enhance their welfare.

Notes

1. This definition was retrieved on 15th November 2013 from: <http://www.unesco.org/new/en/education/http://www.worldbank.org/depweb/english/beyond/global/glossary.html>
2. For many years the University of Ghana, which was established in 1948, was the only university in the country until the establishment of the Kwame Nkrumah University of Science and Technology in 1952 and University of Cape Coast in 1962.

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8

Improved Maternal Health to Realise Millennium Development Goal 5 in Kenya

Benard Mwori Sorre

Abstract

Despite the fact that the Government of Kenya has established various policies and strategic measures to improve maternal health, maternal mortality has remained high. This study employed content analysis of secondary data drawn from official government documents and other literature sources relevant to the study. It was found that Kenya has made great strides in the health sector, with specific policy actions and strategies to promote maternal health. However, due to various challenges experienced, these are yet to translate into actual reduction in maternal deaths. The study concludes that Kenya is yet to realize MDG 5.

1. Introduction

The Millennium Development Goal (MDG) 5, set to reduce maternal mortality in the world, is proving hard to achieve in most developing countries. Despite the fact that most maternal deaths are preventable, more than half a million women die due to complications of pregnancy and child birth annually, with 99 per cent of them happening to women living in developing countries (Lozano 2011). Half of all maternal deaths occur in sub-Saharan Africa, wherein Kenya belongs, and another third in southern Asia and together, they account for 85 per cent of all deaths (Horton 2012; WHO 2012).

Barely a year to 2015, it is critical to assess the progress made in implementation of Millennium Development Goal 5 in Kenya. The general global trends indicate dismal improvement in maternal health, but with poor indicators of the same in most developing nations. Despite the fact that the number of births attended by skilled health workers in the sub-Saharan Africa region has increased from 53 per cent in 1990 to 61 per cent in 2007, more than half of all births still take place without the assistance of trained personnel (Loco 2010). Similarly, an estimated 70,000 maternal deaths among girls aged 15–19 years in Africa are attributed to early pregnancy (WHO 2011).

The chapter adopted the WHO's (2012) definition to explain maternal mortality rate (MMRate) as the number of maternal deaths in a given period per 100,000 women of reproductive age during that same period.

Accordingly, Kenya's maternal mortality rate has rather been on the rise. In 2010, it was 560 per 100,000 live births, in 2008/9 it was 448 per 100,000 live births from 414 per 100,000 live births in 2003 against a 147 target by 2015 (KDHS 2009; WHO 2012). The Kenya Demographic and Health Survey (KDHS) Report 2008–2009 indicates that maternal deaths remain a major challenge to the health sector with the majority (56 per cent) of women delivering without the assistance of skilled attendants, while 60 per cent of the women deliver away from hospitals and 28 per cent assisted by traditional birth attendants, 21 per cent assisted by untrained relatives/friends and 7 per cent not assisted by anyone. In fact, as Mati (2010) observed, close to 80 per cent of the maternal deaths in Kenya can be averted. This implies that unless drastic measures are taken to correct the situation, the country may not meet the Millennium Development Goal objective of 75 per cent drop in deaths between 1990 and 2015. This notwithstanding, the Government of Kenya (GoK), through the Ministry of Health and other line ministries and sectors, has put in place mechanisms to improve maternal health countrywide. Consequently, various policy actions for accelerating reduction of maternal and neonatal mortality and morbidity, enhancement of safe motherhood, women's empowerment and nutrition have been developed. In terms of reproductive health, the GoK has provided comprehensive reproductive health policies, guidelines, and strategic plans to meet the reproductive needs of men, women and young people as explained in the section on findings in this chapter.

This chapter assesses the extent Kenya's progress in the implementation of Millennium Development Goal 5, and the experiences and challenges it has faced. More specifically, the chapter identifies and evaluates the existing reproductive health activities and services that are intended to promote good reproductive health practices and reduce risks; assesses the extent to which the Second National Health Sector Strategic Plan 2005–2010 has been achieved; and identifies factors underlying both success and failure of achieving improved maternal health in Kenya.

The analysis of maternal health has revolved around the concepts of maternal mortality ratio, births attended by skilled personnel, contraceptive prevalence rate, adolescence birth rate, antenatal care coverage and the unmet needs for family planning. Previous studies in Kenya, including the KDHS (2009) and Mati (2010), have dwelled on the status of maternal health in the country, while the current study goes beyond this to specifically link the status to the achievement of MDG 5 and further highlights the specific roles of the stakeholders in achieving MDG 5.

The study employed a descriptive research design, where information was collected without manipulating the variables involved, while use of secondary data through content analysis was the main method of data collection. The study investigated all interventions for which evidence was available to suggest desire for effective reductions in maternal mortality, for which indicators have been defined, and data have been obtained

through household surveys. Purposive sampling was used to choose the specific institutions that were of direct concern to issues under investigation.

2. Barriers to Achievement of Maternal Health: Literature Review

The World Health Organization (WHO) defines maternal mortality as ‘the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes’ (WHO 2007). http://en.wikipedia.org/wiki/Maternal_death_-_cite_note-1#cite_note-1 The immediate causes of maternal death are similar for women worldwide: obstetric haemorrhages, hypertensive disorders in pregnancy, obstructed labours and abortion related complications, which are related to lack of access to quality health services. As indicated in the literature, there are three important major barriers for women’s access to quality health services (Bolam 1999; Rajendra 2004; Idris 2006; Mpembeni 2007; Anuja 2008; Magoma 2010; Awoyemi 2011; Lwelamira and Safari 2012). These include: demographic, socio-cultural and health system barriers.

a) Demographic Barriers

In a study done in Nepal, the demographic factors affecting the choice of a birthing site included long distance from health facilities, few ante-natal visits, low literacy levels, low family income and unemployment, all associated with home births (Rajendra 2004). Similar findings were found in Bangladesh (Ronsmans 2003; Idris 2006). A study done among women in a semi-urban settlement in Zaria, Northern Nigeria, identified a strong correlation between home deliveries by unskilled birth attendants and the following three factors: low education levels among women, unemployed husbands and first pregnancy before 18 years. Also, ante-natal care (ANC) attendance was not associated with higher hospital delivery rates (Idris 2006). The findings of this study were consistent with the findings of other studies done in Ethiopia and Nigeria (Nigussie 2004; Awoyemi 2011; Olatunde 2011).

A study in Rwanda found that women in male-headed households had a higher proportion of births taking place in a health facility compared to women from female-headed households (Golooba-Mutebi 2011). The results further showed that women living in urban areas are more likely to deliver in a health facility rather than at home without assistance.

A cross-sectional survey finding in Tanzania showed that low level of education, low income levels, few ANC attendances, and living more than 10 km away were associated with home deliveries (Mpembeni 2007; Danforth 2009; Lwelamira and Safari 2012). In Western Kenya, a cross-sectional survey on women who had recently delivered showed that

maternal age of more than 30 years, having delivered more than five times, and having gone to school for less than 8 years were associated with home deliveries (Anuja 2008). Further, the study highlighted that 80 per cent of women deliver at home, but did not give the socio-cultural dimension to explain why they chose to deliver at home. Similarly, a study done in Malindi-Kenya using key informant interviews with Traditional Birth Attendants and hospital staff, found lack of money for delivery services and long distance to health facilities as deterrents to utilization of hospital delivery services (Carter 2010).

b) Socio-Cultural Barriers

Some Maasai women in Kenya and Tanzania shy away from hospital delivery because they perceive vaginal examinations to be painful and could damage the baby. Among the Watemi women in Tanzania, they say that it is dehumanizing for a male healthcare provider to perform a digital vaginal examination and this makes most women to choose home deliveries because all traditional birth attendants are women (Magoma 2010). Further, perceptions about the 'naturalness' and safety of home delivery is an obstacle to convincing women in the two ethnic groups of the importance of skilled delivery care in all cases.

Among the Akamba of Kenya, a combination of factors makes home delivery a common practice. Many women opt for birthing at home because they consider it comfortable in a familiar environment, convenient and inexpensive (Maithya 2009). This discouraged them from making individual birth plans, including delivery at a health facility (Carter 2010).

c) Health Systems Barriers

A study done in Nepal (Boram 1999) and another among Pakistani women (Anuja 2008) identified low availability of female healthcare providers to be a significant barrier to health services utilization. In health facilities where men attend to women during delivery, most women opted to deliver at home. This implies that healthcare staffing patterns, in terms of males and females may influence the uptake of health facility delivery services (Mpembeni 2007).

Mahdil and Habib (2009) conducted a cross-sectional study in Basra to find out the reasons why women choose hospital or home deliveries. The most frequent reason given for preferring a hospital delivery was that the hospital was safe and secure. The main reasons reported by women who preferred home delivery were social support and privacy. In Tanzania, various researches discovered that village opinion of a clinic, discussion with husband, advice obtained during antenatal consultations, and knowledge of pregnancy risk factors were all tied closely to place of delivery (Mpembeni 2007; Kruk 2010). Among the Watemi and Maasai of Tanzania, women reported some cases of verbal abuse, being forced to take a bath and put on hospital uniforms as what discouraged them from using hospital delivery services in future. There is also lack of sharing information on the need to

deliver in hospital by healthcare providers during ante-natal visits (Magoma 2010).

A Kenyan study found that some of the Akamba women prefer delivery at home because they fear caesarean sections in hospital, which they perceive to weaken their bodies (Maithya 2009). The findings concurred with those from a cross-sectional study in Malindi, which identified fear of episiotomies and caesarean sections in hospital as one of the reasons why women deliver at home (Carter 2010). The major health system factors which reduce utilization of hospital delivery services include few wards and beds; rude, slow, and negligent health care providers; costly delivery services and maternity supplies; and unreliable electricity and water supply (Naanyu 2011).

Following the above discussion, this study argues that maternal mortality risk is influenced by three main factors including demographic, socio-cultural and healthcare system factors. Demographic factors are those characteristics and specific conditions of the individual women. The socio-cultural factors include the role of the therapy group, cultural beliefs, norms and values, attitudes towards biomedicine, and peer influence. The health system factors include the availability of health care facilities and expertise, distance to the health facilities, costs involved, experiences/stories by those who have used the services, reaction of the medical staff to patients, gender, among others. The three factors work in combination to influence the decision of expectant women and those around them on the place of delivery either at home or health facility.

3. Measures Adopted to Reduce Maternal Mortality in Kenya

The Government of Kenya (GoK) has made progress towards policy development in the health sector including specific reproductive health policies. Reports consulted in this study concurred that Kenya has national policies that are instrumental in advancing the goals set in the health-related MDGs.

3.1 Policy Frameworks and Key Documents in the Health Sector

In 2007, a new national development blueprint entitled *Vision 2030* (2008–2030) was endorsed by the GoK, setting the agenda for long-term developmental objectives, which should transform Kenya into a middle-income country by 2030. The health sector is highlighted as a key area. The country's overarching health policy is formulated in the *Kenya Health Policy Framework* (KHPF 1994–2010), which has been implemented through five-year plans: the *National Health Sector Strategic Plan I* (NHSSP I 1999–2004) and the *National Health Sector Strategic Plan II* (NHSSP II, 2005–2010, extended to 2012 in order to align the Plan to the government planning cycles) (GoK 2010). The NHSSP II was designed taking into account the lessons learnt from the NHSSP I. It aims at

improving the health conditions of the population and reversing the downward trends of health indicators through the achievement of six interlinked objectives: i) Increase equitable access to health services; ii) Improve the quality and responsiveness of services in the sector; iii) Improve the efficiency and effectiveness of service delivery; iv) Enhance the regulatory capacity of the Ministry of Health; v) Foster partnerships in improving health; and 6) Improve financing in the health sector.

The overall policy framework for reproductive health is the *National Reproductive Health Policy* (NRHP 2007), which provides the government's commitment to the MDGs and outlines the required actions to tackle reproductive health issues (GoK 2009). The overarching goal is to enhance the reproductive health status of all Kenyans by increasing equitable access to reproductive health services; improving quality, efficiency and effectiveness of service delivery; and improving responsiveness to the client needs. The policy has been operationalised through the *National Reproductive Health Strategy* (NRHS 1997–2010) and the revised *National Reproductive Health Strategy* (NRHS 2009–2015). The latter outlined four key objectives: i) Formulate strategies that will enable the achievement of the goal and objectives of the National Reproductive Health Policy; ii) Identify priority activities and major implementers of the national reproductive health program; iii) Identify resource mobilization strategies; and iv) Facilitate/enhance effective management of a sustainable national reproductive health program. Priority areas in the NRHS 2009–2015 are safe motherhood; maternal and neonatal health; family planning; adolescent/youth sexual and reproductive health; gender issues. A number of other significant policies, strategies and guidelines have also been developed and including:

- i. *Road Map for Attainment of Maternal and Newborn Health* (MNH)
- ii. *Acceleration of Maternal, Newborn and Child Survival in Kenya Using High Impact Intervention* (HII) also known as the Nakuru meeting (January 2011)
- iii. *Reproductive Health Communication Strategy* (2010–2012)
- iv. *Adolescent Reproductive Health and Development Policy*
- v. *National Contraceptive Commodities Security Strategy* (2007–2012)
- vi. *Kenya National AIDS Strategic Plan* (2009–2013) (GoK 2009).

However, after going through these documents, it emerged that:

- i. Kenya has some of the best designed health policies in the region. However, the problem is the lack of the good will by the various governments to either facilitate or implement them.
- ii. Policy frameworks are not accompanied by realistic health financing. The health expenditure remains low, below 5 per cent of the national

budget (GoK 2013b), and far below the 15 per cent committed in other countries like in Abuja-Nigeria. In addition, there are instances where there has been a misuse of available financial resources.

3.2 Maternal Health Policy and Strategies in Kenya

3.2.1 The Contraceptive Security Strategy 2007–2012

In the year 2007, the Government of Kenya (GoK) prepared the Contraceptive Security Strategy 2007–2012 with the aim of ensuring uninterrupted and affordable supply of contraceptives. Millions of shillings were allocated for purchase of contraceptives including condoms and campaigns that encouraged use of the same in all parts of the country. As a result, the adolescent birth rate decreased from 114 per 1,000 women to 103 per 1,000 women between 2003 and 2012. The number of sexually active women using contraceptives also increased from 23 per cent in 2007 to 43 per cent in 2012. Similarly, HIV and AIDS prevalence has significantly decreased from a national average of 10.5 per cent in 2007 down to 4.8 per cent in 2013 largely due to the increase in use of contraceptive (KDHS 2009; WHO 2012).

Previous reports indicate that Kenya showed progress in reducing total fertility rates (TFR) and increasing contraceptive prevalence rates (CPR), moving from a TFR of 8.2 births per woman in 1977/78 to 4.7 in 1998 – an impressive 42.7 per cent reduction – and increasing CRP among women of reproductive age from 6.7 per cent to 39.3 per cent. The 2013 KDHS report showed that while TFR has declined to 4.6, which is not better than what is reported in 1998. Contraceptive use of any method among married women aged 15–49 has risen to 46 per cent in 2013, from that of 39.3 per cent in 1998. This has been largely fuelled by increased use of modern methods of contraception. Between 2003 and 2008/9, use of modern methods of contraception increased among married women from 32 per cent to 39 per cent. The 2008/09 Demographic Health Survey (DHS) results further indicated that there is considerable desire among Kenyan women to control the timing and number of births. It also indicated that 27 per cent of married women would like to wait for the next birth for two years or more; and 54 per cent do not want to have another child or are sterilized.

The 2008–09 DHS revealed wide fertility differentials among regions and sub-populations of Kenya. The TFR in urban areas is 2.8 per woman, whereas in rural areas, it is 5.2. Some 53 per cent of urban women use contraceptives against 43 per cent for rural women. Contraceptive use is lowest for young women aged 15 to 19. Educated women are more likely to adopt family planning (FP): 60 per cent of married women with at least some secondary education plan their families while only 14 per cent of those women who have never attended school do so (KDHS 2009; CBS 2010).

3.2.1 The Maternal and Newborn Health (MNH) Roadmap

The government of Kenya launched a Maternal and Newborn Health (MNH) Roadmap policy strategy in August 2010; its goal was to accelerate the reduction of maternal and newborn morbidity and mortality towards the achievement of the Millennium Development Goals. The National MNH Road Map offers a new and revitalized dimension of efforts of all stakeholders. It provides a framework for building strategic partnerships for increased investment in maternal and newborn health at both institutional and programme levels. Its implementation has taken a phased approach and the final reporting year will be 2015.

To ensure all expectant mothers are safe and that they get quality health services, the government has abolished user fees in all public maternity hospitals and clinics. This was announced through a presidential decree that reads in part: “President Kenyatta has directed all public hospitals to scrap all maternity fees as from June 1st 2013” (GoK 2013). All expectant women are encouraged to deliver in the nearest public health facility under the supervision of a skilled health worker.

The initiative has seen the number of expectant mothers seeking the services increase. But nurses who are the midwives in public hospitals are lamenting that their workload has quadrupled while the facilities are still limited (see Figure 1).

The data in Figure 1 shows facilities that are inadequately equipped. This poses another challenge causing women fear that their safety and expected services are not assured. Thus, free maternity health services are not necessarily a guarantee that women would still seek to deliver at health facilities. This notwithstanding, the government acknowledges a shortage of nurses in the country.

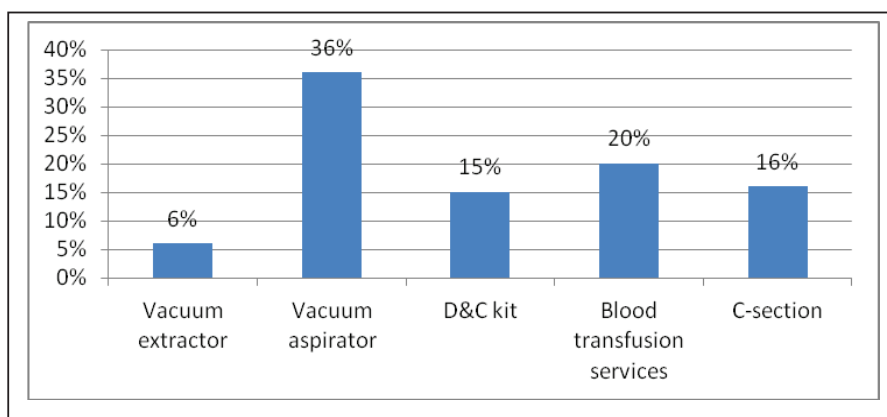


Figure 1: Percentage Availability of Health Facilities for Offering Delivery Services

SOURCES: GoK (2012, 8)

Despite the challenges, the government is still committed in shifting budgetary resources from curative health to preventive health services. This will help deal with childbirth problems before they become serious. There are sustained efforts on decentralization of healthcare system to the counties to ensure local needs are better addressed. Starting in the financial year 2013/14, a total of Ksh 10.6 billion had been proposed, of which Ksh 3.8 billion is for free access to maternal health and Ksh 700 million for free access to all health centres and dispensaries. The national treasury cabinet also allocated a further Ksh 3.1 billion and Ksh 522 million for recruitment of 30 community nurses and 10 community health workers, respectively, per constituency to provide quality health care services to Kenyans. Another Ksh 1.2 billion is allotted for providing 1,500 affordable housing units to health care workers to enable them to respond and attend to patients in a timely manner (GoK 2013b).

Through government funding and decentralized health care service provision, more rural women— 54 per cent in 2013 compared to 44 per cent in 2009 — were receiving skilled assistance during delivery than before, reducing long-standing disparities between urban and rural areas. However, disparities in coverage are still found between the wealthiest and the poorest households. Evidence from all regions in Kenya indicates that women in the richest households are three times as likely as women in the poorest households to receive professional care during childbirth (Ramare 2011).

The Government of Kenya through the support of other stakeholders, including the Centre for Disease Control (CDC), Academic Model for Prevention and Treatment of HIV and AIDS (AMPATH), USAID, the Global Health Initiative, the Bill Gate and Belinda Foundation, Clinton Foundation and the Global Fund, among others, has mounted countrywide campaigns on Prevention of Mother To Child (PMTCT) infection of HIV and AIDS and the target for an AIDS-free generation by 2025 (Mati 2010). To reduce the high maternal mortality, the government has to address several challenges including the need to ensure the availability of adequate maternity services and skilled personnel to attend to complications caused by unsafe/induced abortion, malaria, and HIV/AIDS, among others (Mati 2010).

3.2.3 Second National Health Sector Strategic Plan 2005–2010 (NHSSP II)

The second National Health Sector Strategic Plan 2005–2010 (NHSSP II) intends to reverse the decline in the health status of Kenyans. The vision of the sector is providing an efficient, high quality health care system that is accessible, equitable and affordable to every Kenyan household. The mission is to promote integrated and high quality curative, preventive, promotive and rehabilitative health care services for all Kenyans (GoK 2013a). The GoK's effort to enhance maternal health is also subsumed in the strategic plan.

However, in March 2009, the National Road map for Accelerating the Attainment of the MDGs Related to Maternal and Newborn health in Kenya and the Child Survival and Development Strategy 2008-2015 identified several barriers in reducing maternal mortality. These include: lack of recognition of danger signs in pregnancy; poor accessibility and low utilization of skilled attendance during pregnancy, child birth and post-partum period; limited access to essential and emergency obstetric care due to limited health provider competencies and inadequate staffing, equipment and supplies; socio-cultural barriers leading to delays in seeking care; and limited national commitment of resources for maternal and newborn health. These led to the recognition that the GoK cannot scale up and implement all essential maternal, neonatal and child health (MNCH) interventions with limited resources.

Moreover, an external evaluation report on Kenya's NHSSP II indicated that the country has well focused national health policies and a reform agenda whose overriding strategies intended to improve health care delivery services and systems through efficient and effective health management systems and reform. However, despite these good qualities, the overall implementation of NHSSP II has not managed to make a breakthrough in terms of transforming the critical health sector interventions and operations towards meeting the most significant targets and indicators of health and socioeconomic development as expected by the plan. The short-comings of NHSSP II may be attributed to a set of factors, most of which are inter-related, such as:

- i. lack of well articulated, prioritised and costed strategies;
- ii. inadequate consultations amongst MOH staff themselves and other key stakeholders involved in the provision of health care services;
- iii. lack of institutional coordination and ownership of the strategic plan leading to inadequate monitoring of activities;
- iv. weak management systems;
- v. low personnel morale at all levels; and
- vi. inadequate funding and low level of resource accountability (KDHS 2009; GoK 2010).

3.2.4. The Role of Parliament in Improving Women's and Children's Health

The Kenyan parliamentarians have been fundamental to the development of issues critical to improving the health of women and children in the country. Parliamentarians' engagement in Maternal, Neonatal and Child Health (MNCH) issues not only benefits women and children, but also strengthens the role of parliamentarians in influencing national health and development (Mati 2010). The work of parliamentarians has been to:

- i. Ensure necessary resources are allocated to the health sector;
- ii. Enhance legal frameworks to address gender inequality and promote reproductive rights;
- iii. Improve access to quality care and medicines among poor and marginalized populations;
- iv. Expand maternity protection for working women;
- v. Increase the legal age of marriage; ensure more sexual and reproductive health education for adolescent girls; and
- vi. Construct mechanisms and structures to improve accountability and remedial action, including greater collaboration with civil society (WHO 2007).

The role of parliament has been recognized by the Inter-Parliamentary Union (IPU) and “Countdown to 2015 — Tracking Progress in Maternal, Newborn and Child Survival”, which have identified five core actions that parliamentarians can take in positioning, promoting and protecting the health of women and children. These include:

- i. Representing the voice of women and children;
- ii. Advocating for MDGs 4 and 5, locally and nationally;
- iii. Legislating to ensure universal access to essential care;
- iv. Budgeting for maternal, newborn and child health; and,
- v. Holding the government to account for implementing policies (GoK 2013b).

As representatives of the people, it is the parliamentarians’ job to speak on behalf of women and children, to ensure that their voices are heard, and to make sure that their rights and concerns are reflected in national development strategies and budgets. Spending on women’s and children’s health is an investment, not just a cost, contributing to the wellbeing of families and communities, and to a nation’s socio-economic development. Estimating costs and raising the required funds, and ensuring efficient and effective use of these resources, are key responsibilities - enabling “more money for health” and “more health for the money” (KDHS 2009; GoK 2013). However, there have been some challenges in this approach, which include among others, corruption, misappropriation of funds, and low political commitment in implementing some of the strategies and policies to enhance women and children’s health (KACC 2011).

3.3 Specific Maternal Health Programs in Kenya

3.3.1 The Safe Motherhood Demonstration Project in Western Kenya

The Ministry of Health in Kenya has been piloting Safe Motherhood activities in Kakamega, Vihiga, Lugari and Bungoma Counties in Western

Province since 2000 by developing approaches to reduce maternal and neonatal morbidity and mortality. The overall goal of the project is to improve maternal health in Kenya, especially for poor women. From the project, improvements were noted in the use of standard ANC cards, the number of women receiving intermittent preventive treatment for malaria, blood tests for hemoglobin and syphilis and blood pressure recorded when they attended antenatal clinic, and increase in the number of women who gave birth at home with a skilled attendant as more dispensaries are providing care for women in labour and childbirth. The project has achieved some progress in the area of maternal and perinatal health through building partnerships, supporting and strengthening community action, use of skilled attendance and birth and ensuring institutional preparedness at all levels (Charlotte and Wilson 2004).

Reports indicate that the project shows that despite the short implementation phase of the program activities, achievements were recorded in antenatal, intra partum and post-partum cares services as indicated above (Population Council *et al.* 2004). The proportion of women with knowledge of risk and danger signs during pregnancy, labour and puerperium period was higher at endline compared to the baseline data. More women received malaria prophylaxis and had appropriate laboratory tests during pregnancy. There was also improvement in the knowledge and skills of health care providers, which included the increase in the number of providers who use the partograph in the management of labour to prevent prolonged labour, as well as institutional preparedness in the management of obstetric complications and improved referral system (Family Care International 2007).

Despite the achievements, the project has also witnessed challenges. These include the need to focus on neonatal health, the early post-partum period and to encourage greater participation of men and the rest of the community in reproductive health including safe motherhood activities.

3.3.1 The Millennium Village Program (MVP)

The Millennium Villages seek to end extreme poverty by working with the poorest of the poor, village by village throughout Africa, in partnership with governments and other committed stakeholders, providing affordable and science-based solutions to help people lift themselves out of extreme poverty. The first Millennium Village was started in Sauri, Yala District, Nyanza province, Kenya in August 2004. Prior to the project, the Ministry of Health statistics showed that 52 per cent of cluster residents were afflicted with malaria, 24 per cent with HIV/AIDS and most of them were women. Some of the success of the program include - the villagers went from chronic hunger to a tripling of their crop production; nearly all pregnant women were tested for HIV and offered counselling, compared to fewer than half in 2008 (Columbia Global Center 2013); and reduction in maternal mortality in the area was observed as over 40 per cent of women gave birth with skilled birth attendants (Gelmon 2009).

Through its participation in the MVP, the second rural village of Dertu in north eastern Kenya has benefited from training and other capacity-building assistance to train community health workers to contribute in health delivery and promotion efforts. Dertu is home to 850 households, 500 of whom are migratory. In August 2009, five community health workers in Dertu received eight-day training, developed by the Earth Institute of Columbia University and the MVP team in Dertu. In addition to HIV-related issues, the training addressed antenatal and maternal care, newborn care, family planning, and management of other infectious diseases. The training included practical sessions in nearby Garissa Provincial Hospital, where they worked with a clinician to learn how to monitor child growth (Oluoch 2009).

3.3.3 The Emergency Maternal, Obstetric and Newborn Care Approach

In Kenya, maternal and newborn mortality rates remained unacceptably high at 360 per 100,000 live births in 2011, especially where the majority (60 per cent) of births occurred in home settings or in facilities with inadequate resources. The introduction of the Emergency Maternal, Obstetric and Newborn Care Services has been proposed by several organizations spearheaded by the Global Network and Moi University School of Medicine in order to improve pregnancy outcomes (Preslar 2010). This is an on-going clinical trial intervention with three key elements: community mobilization, home-based life-saving skills for communities and birth attendants, and training of providers at obstetric facilities to improve quality of care. The expected outcomes are reducing pre-natal mortality, rates of stillbirth, 7-day neonatal mortality, maternal death or severe morbidity (including obstetric fistula, eclampsia and obstetrical sepsis) and 28-day neonatal mortality. Although the program is still at its pilot phase in selected regions of the country, cultural and social challenges, including beliefs, taboos and attitudes toward some of the interventional activities have been noted.

3.3.4 The Tunza Family Health Network Initiative

The Tunza Family Health Network was launched in Kenya in 2008 to serve low income populations. The Tunza franchise promises friendly, quick and affordable services offered by qualified health providers. The franchise currently has a membership of 265 privately owned clinics in all of Kenya's eight provinces. The franchise activities are coordinated by PSI/Kenya as the franchisor. When Tunza was established, the flagship service was family planning with a focus on the more cost-effective, long-term and reversible methods (IUDs and implants). In the last two years, the Franchisor has integrated into Tunza other services that include cervical cancer screening, STI screening, HIV counselling and testing, voluntary male medical circumcision (VMMC), and Integrated Management of Childhood Illnesses (IMCI).

To support the private sector and complement the government's effort in strengthening existing Private-Public Partnerships (PPP), Tunza Family Health Network expands access to quality health services. The new integrated services started in 2011 and by March 2012, clients tested for HIV numbered 122,243. During the same year, 29,211 women were screened for cancer of the cervix at Tunza facilities. Family planning services also increased dramatically, with 391,249 clients accessing a family planning method of their choice through Tunza between the period January 2011 to March 2012 (Institute of Health Policy Management and Research 2013). A family planning voucher was launched in July 2011 to enable poor women to access FP services at a highly subsidized cost. By March 2012, the number of women that benefited from the scheme reached 51,867. Tunza is a Kiswahili word meaning "to nurture or care for." The hospital recorded 438,037 total visits in 2012.

4. Progress Made in Improving Maternal Health in Kenya

Millennium Development Goal 5 on improving maternal health is anchored on two main targets: to reduce maternal mortality rate by three quarters between 1990 and 2015; and to achieve, by 2015, universal access to reproductive health. The indicators for the former are maternal mortality ratio and the proportion of births attended by skilled health personnel; and for the latter are contraceptive prevalence rate; adolescent birth rate; antenatal care coverage; and unmet need for family planning.

- i. **Maternal mortality rate:** The maternal mortality ratio (MMR) in the last 20 years has stagnated more or less at the same level, or had actually risen. It was 400 in 1990, rose to 490 in 2000 and fell to 360 in 2010.
- ii. **Proportion of births attended by skilled health personnel:** Skilled attendance is the proportion of births that take place in health facilities, but can also be accessed through domiciliary or community midwifery. The percentage of women who delivered either under professional attendants and/or in a health facility between 1993 and 2009 showed no substantial improvement by 2009: in 1993, it was 45.4 per cent; then it lowered to 44.3 per cent in 1998, further down to 41.6 per cent in 2003 and slightly up to 43.8 per cent in 2009. The achievement is far below the projected target of 90 per cent for 2015. However, this is still below the 45.4 per cent scored 16 years ago in 1993.
- iii. **Achievements in Contraceptive Prevalence Rates:** The contraceptive prevalence rate (CPR) among married women in Kenya has risen from 7 per cent in 1979 to 17 per cent in 1984, further up to 27 per cent in 1989, and 33 per cent in 1993 (see Figure 2). However, during the period 1998–2003, CPR levelled off at 39 per cent. The rising trend with CPR reaching 46 per cent for use of any method and 39 per cent for use of modern methods of family planning is encouraging. However, it is short of the 70 per cent target by 2015.

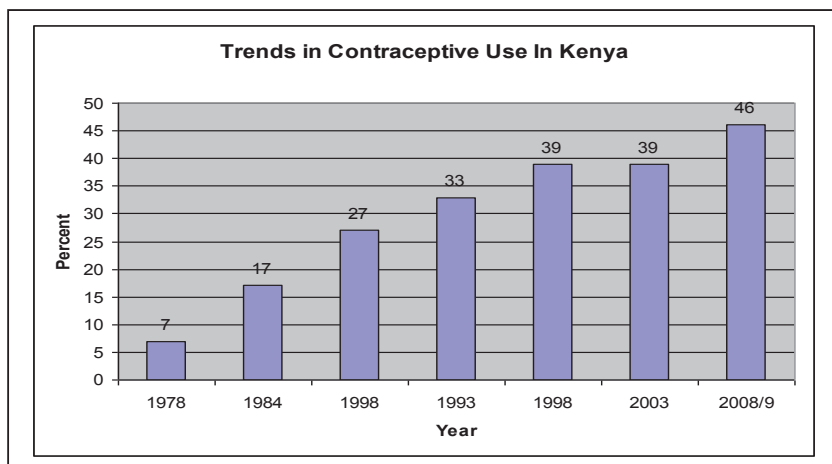


Figure 2. Contraceptive Prevalence Rate

SOURCE: KDHS (2009, 18)

- iv. **Adolescent Birth Rate:** Complications of pregnancy and childbirth are the leading causes of mortality among women between the ages of 15 and 19, whose risk of maternal death is twice as great compared to those between 20 and 24 years (WHO 2007; WHO 2010). This results from the lack of access to good-quality health care, including abortion services, antenatal care and skilled attendance at delivery.

According to KDHS (2009) data, the proportion of teenage mothers had declined from 117.9 in 1991 to 111.2 in 1996; but rose to 142 in 1999, and then steadily declined to 142 in 1999, and further down to 116 in 2001, and 106 in 2006. The decline in adolescent birth rate could be attributed to many national campaigns on abstinence from sex that were mounted in Kenya during the same period.

- v. **Antenatal Care Coverage:** The goal of antenatal care is to maintain and improve the health of the mother and her baby in the uterus, so that both are brought to labour in a good state of health. Antenatal care aims to diagnose and treat abnormalities of pregnancy soon after their symptoms are apparent; and to screen women for other conditions which may be present, before their symptoms manifest. Although the majority of pregnant women in Kenya attend an antenatal clinic at least once, usually starting in the second trimester, the KDHS 2008/9 showed that only 47 per cent made the minimum four visits, with only 15 percent doing so in the first trimester as recommended by the World Health Organization.

The trends in the last 20 years show a steady decline in the number of women seeking ante-natal care, from 63.9 per cent in 1993 to 60.8 per cent in 1998, 52.3 per cent in 2003 and then 47.1 per cent in 2009 (GoK 2003). The causes of the decline are indicated in Figure 3.

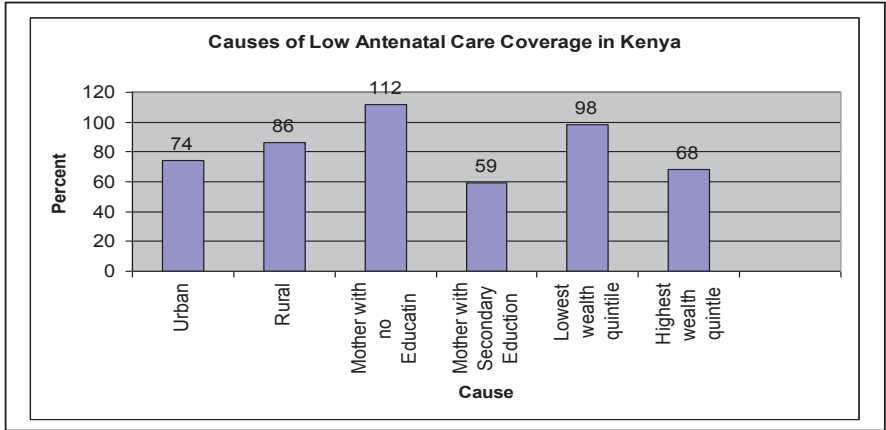


Figure 3. Causes of Low Antenatal Care Coverage in Kenya

SOURCE: GoK (2013, 2).

vi. **The Unmet Need for Family Planning:** The unmet need for family planning reflects the desire among Kenyan women (and their partners) to control their fertility. Usually, it is the proportion of married women who either want no more children or wish to delay their next birth by at least two years, and are not using a family planning method. The unmet need for family planning continues to exist in roughly one-quarter of all currently married women. Figure 4 indicates an almost stagnated decline in the trends for the unmet needs for family planning in Kenya for the last 20 years.

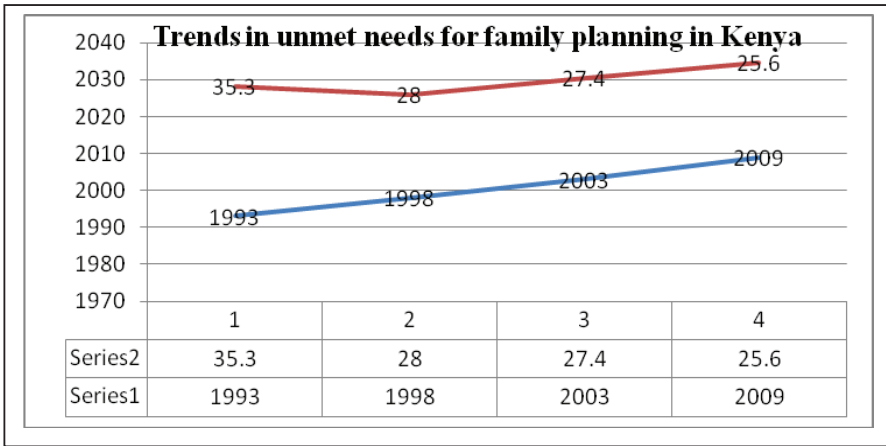


Figure 4. Trends in Unmet Needs for Family Planning

SOURCE: KDHS (2009, 46).

In a nutshell, the progress made in the achievement of Millennium Development Goal 5 in Kenya cannot be underscored. However, evidence from the progress so far achieved indicates mixed results. A few indicators are positive, especially use of contraceptives, but the issue of birth place and birthing under specialized care remains a challenge for most expectant women in the country. There is also an emerging trend of regional disparities with most rural, poor, and illiterate women bearing the greatest burden in maternal mortality.

4. Conclusions and Recommendations

Findings of the study indicate that Kenya has made great strides in terms of policy and strategy development in the larger health sector. Furthermore, the GoK has had specific policies and strategies to promote maternal health in the country. However, there are several gaps in the implementation of the policies, strategies and programs.

From the discussion in this chapter, it can be concluded that whereas considerable efforts have been put in health policy and strategic planning, including the development of reproductive health policy, reproductive health strategy and the road map for accelerating the attainment of the MDGs related to maternal and newborn health in Kenya, they are yet to translate to actual reduction in maternal deaths. Therefore, Kenya is yet to achieve Millennium Development Goal 5.

This chapter also indicates that one of the challenges in reducing maternal mortality in Kenya is the lack of utilization of existing facilities. This finding concurs with Andersen's (1968) theory of health services utilization, which argues that usage of health services is determined by three factors: predisposing factors, enabling factors, and need factors. It stresses the health-seeking behaviour within a political-economic context. Hence, the role of leadership and political commitment in overseeing success in health policy implementation.

Consequently, a lot more effort is needed to produce any meaningful gains as far as the achievement of MDG 5 and its indicators are concerned. Based on the discussion, it is hence recommended that:

1. Stakeholders in the health sector in Kenya should focus beyond the MDGs' 2015 timeframe, by introducing more creative and culturally relevant health programs that focus on utilization of maternal health services by women in all regions of the country. The use of mass media, community health workers and campaign posters in promoting health seeking behaviour has previously proved successful and should be enhanced.
2. To enhance women's utilization of the health facilities, the Government of Kenya should increase the budgetary allocation towards improvement of health and general development in the whole country.

If MDG 5 is to be achieved beyond 2015, the level of financial investment must be increased. This will be vital at various levels:

- i. To adequately equip and staff the available health facilities and restore society's (women's) confidence in the effectiveness and efficiency of the facilities;
 - ii. To reduce the country's regional disparities for better health indicators;
 - iii. To enhance an integrated approach in service provision in the health sector where the government, NGOs, and the private sector will be encouraged to contribute towards better health not just for women and children, but for the whole society. For instance, through public/ private partnership, firms can contribute ambulance vehicles to public hospitals and/or construct specialized health facilities such as a regional cancer centre.
 - iv. To translate the existing policies and strategies into achievable objectives;
3. There is need for a systematic action to monitor the main causes of maternal mortality in Kenya. Reports indicate that over 80 per cent of the cases of maternal mortality in Kenya are preventable. Thus, proper follow-up of their causes may avert the high rates of maternal mortality. This may include cost effective interventions by the government, home visits and training of the traditional birth attendants through the relevant government institutional structures.
 4. The government of Kenya should reinforce poverty alleviation policies and strategies in order to reduce maternal mortality that seems to be high in poor, rural and marginalized parts of the country. Evidence from the chapter highlights marginalized, rural and slum settings, which are generally poor, having more rates of women giving birth without specialized assistance; many women giving birth at home than at hospital; high levels of illiteracy and, overall, more maternal mortality than in other areas.
 5. There is need for a participatory and health-seeking behaviour approach propagated by all stakeholders engaged in community mobilization for better health education. This will be vital at two levels:
 - i. To ensure that the local communities do not just participate, but also take the initiative to be involved in their own health-related issues;
 - ii. It will enhance modern health seeking behaviour and avoid instances where hospitals are available but expectant women do not visit them for their own perceived reasons.

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9

Governance and Management Issues in Rural Safe Water Supply in Uganda: Implications for the Realisation of Millennium Development Goal 7C

Asingwire Narathius

Abstract

Attempts in Uganda to improve access to rural water supply have resulted in the development of new institutional arrangements involving multiple state and non-state actors. These new arrangements have shifted efforts towards rural water provision from government to governance. However, all these efforts have not resulted in appreciable improvement. National and MDG targets for safe rural water for 2015 are very unlikely to be achieved. Thus, the question this study seeks to address is why, despite having a presumably enabling institutional framework that potentially promotes governance and management of rural water supply, Uganda's rural safe water indicators have not improved at a desirable pace. The chapter concludes that the challenge in ensuring increased access to safe water could be largely attributed to difficulties that various actors in the institutional framework face in playing their designated roles.

Introduction

Since the early 1990s several actors have been involved in the provision, management and governance of rural safe water supplies in sub-Saharan Africa. The actors that are woven together in a complex institutional framework include central and local governments, donors, international and local non-governmental organizations (NGOs), the private sector and communities. It is envisaged that the multiplicity of these actors in the water sector promotes and accelerates sustainable access to rural water supplies (RWS). Governments in sub-Saharan Africa, and Uganda in particular, have invested a lot of money in the provision of water infrastructure but their operation and maintenance (O and M) has remained a challenge, thereby negatively affecting accessibility. Institutional arrangements involving stakeholders in the organization and management of rural water facilities affect how water supply is provided in rural areas. The governance arrangements between water user committees (WUCs), the government and the private sector can impact on the target set in Millennium Development Goal (MDG) 7C.

Lack of access to safe water is highly regarded to be a fundamental cause of poverty (UN 2000; GoU 2005, Mathew 2004). For more than three

decades there have been concerted global efforts to ensure sustainable access to safe water. The United Nations (UN) declaration of the first International Drinking Water Supply and Sanitation Decade (IDWSSD) 1981-1990 epitomized such efforts especially in the developing countries. Global efforts to enhance sustainable access to safe water are further enshrined in the UN Millennium Declaration. The MDGs aim at reducing the proportion of people living in poverty by 2015. The target of MDG 7 is to *“reduce by half the proportion of people without sustainable access to safe drinking water and basic sanitation by 2015”*. Uganda National Development Plan has set a more ambitious target to increase rural safe water access to 77 per cent by 2015 (GoU/MFPED 2013). Currently this is estimated at 64 per cent (GoU/MWE 2013).

For many years provision of rural water has been the primary responsibility of government. This role changed with the introduction of decentralization reforms since the 1990s. The redefinition of the state's role and subsequent retreat from playing implementation roles led to the emergence of other actors that are playing key roles in ensuring access to safe water. Thus, the new situation called for new institutional arrangements in the provision of social services in general and rural safe water supplies in particular (Batley 2004; Mathew 2004; Dorman 2001). Rural water provision was transferred to local governments and the private sector, and subsequently to local communities. Local governments are empowered by the Local Governments Act (1997) to provide safe water through engaging the private sector, which brings in governance and management challenges. The private sector is relatively recent in Uganda with no clear rules of engagement by local governments and communities that are represented by their WUCs. Local communities and sub-counties have thus remained ill-prepared to enter into contracts with hand-pump mechanics (HPMs) and play the supervisory function. At the same time, WUCs, whose roles have expanded beyond mere reporting of the breakages to actual execution of routine preventive maintenance, are faced with governance and management challenges to ensure sustainable access and sustainability of water sources.

Governance and Management Issues in Rural Water Supply

The GoU, with support from development partners, has made efforts to increase access to rural safe water as per the MDG 7C. Despite all these efforts, national and MDGs targets, i.e., 77 per cent and 70 per cent respectively, for safe rural water for 2015 are very unlikely to be achieved. Access to safe water has marginally improved in the last 9-10 years, increasing from 61.3 per cent in 2004 to 64 per cent in 2013 (GoU 2013). Over the same period, per capita cost almost doubled, from Uganda Shillings (UGX) 47,500 in 2003/04 to UGX 92,200 (USD 35.5). The challenge in ensuring increased access to safe water could be largely attributed to difficulties that various actors in the institutional framework face to play their designated roles as required in the community-based

management systems (CBMS). Within this institutional framework, communities with support from higher level local governments (sub-county and district) are charged with the primary responsibility of ensuring effective operation and management (O and M) of RWS that would result into sustainable access. Thus, one of the questions this study seeks to address is why Uganda's rural safe water indicators have not improved at a desirable pace, despite having a presumably enabling institutional framework.

This study explores the governance and management issues in the institutional arrangements to ensure sustainable access to rural safe water in Uganda. Governance and management of RWS through WUCs can potentially promote or constrain access to rural safe water. The specific objectives are:

- i. To describe the various actors and their interventions within the institutional RWS framework;
- ii. To explore governance and management issues that affect access to rural safe water in Uganda;
- iii. To isolate key governance and management issues for sustainable community access to rural safe water supplies in post-MDG.

Study Approach

Given the objectives of this research, a qualitative methodology was adopted. The study was conducted at national and local level in three districts of Kabarole in Western Uganda, Lira in Northern Uganda and Serere in Eastern Uganda. At the national level, key informants were purposively selected from the Ministry of Water and Environment (MWE), international agencies and NGOs such as UNICEF, Danish International Development Agency (DANIDA), WaterAid, the Netherlands Development Organisation (SNV), Sustainable (Rural Water) Services at Scale initiative by the International Water and Sanitation Resource Center (IRC/Triple-S), and Uganda Water and Sanitation Network (UWASNET). At the district level, key informants included staff in the District Water Office such as the District Water Engineers or their Assistants, and Community Development Officers while at sub-county level participants included Community Development Assistants, Health Inspectors and sub-county chiefs.

Data collection included an extensive desk review of existing literature from empirical studies (e.g., Asingwire 2008; UNICEF/GoU 2011), and also MWE Sector Performance Reports (2005; 2006; 2009; 2013). The extensive review and analysis of the literature was complemented by national, district and sub-county key informant interviews and community-level focus group discussions. Thematic approaches were used to analyze the data.

Conceptual Input from New Public Management Approach

The study makes reference to the concept of New Public Management (NPM). According to Awortwi (2003, 51), the NPM approach is internal privatization, an approach that looks at re-engineering the public sector from within, while Manning (2002) refers to NPM as the use of market-type or contractual arrangements in an effort to improve public management. The mission of NPM is to redefine service in the image of the consumer or clients. The NPM aims at slimming down the public sector by, among others, introducing the delivery of social services through non-public means. It is thus assumed by the NPM theorists that the public services will be more effective the more they are organized according to principles of market economics, and that management of the market-style public services will be more efficient, the more it resembles management practice in the private sector (Awortwi 2003). The aims of NPM are not in practice different from those advocated for by the neo-liberal approaches of the World Bank and International Monetary Fund. Oluwu (2002) notes that the African countries, like the developed nations, adopted NPM to resolve the multiple crises confronting their respective public service. In the particular case of developing countries, many providers have remained in the public sector and hence need the support of a watchful public with expectations of government performance to sustain them. Public expectations of service quality from government in many developing countries are justifiably poor, with the consequence that citizens are unlikely to feel that complaints are worth the effort (Batley 2004).

Status of Access to Safe Water in Uganda

The MDG indicators of access to rural safe water as well as the GoU indicators include percentage of the population accessing water within 1.5km, percentage of improved sources that are functional, average cost per beneficiary, safety/quality of the water, percentage of water points with WUCs, percentage of WUCs with women holding key positions. Assessment of Uganda's progress in the last 10 years along the above indicators largely shows that Uganda is very unlikely to achieve the MDG 7C by 2015. The data in Table 1 depict slow progress in ensuring that the majority of the rural population will have sustainable access to safe water by 2015. In almost 10 years, i.e., between 2004 and 2013, the increase in access to rural safe water within a distance of 1.5km for consuming households was 3 per cent, i.e., from 61 per cent to 64 per cent, which falls below the MDG target of 70 per cent by 2015 and the more ambitious target of GoU, which is 77 per cent.

Table 1. MDG targets and achievements for Uganda RWSS up to 2015

Indicator		Achievements			Targets		
		04/05	11/12	12/13	12/13	13/14	14/15
1. Access: Percentage of people within 1 km (rural) and 0.2 km (urban) of an improved source	Rural	61	64	64	66	67	77
	Urban	67	69	70	69	71	100
2. Functionality: Percentage of improved water sources that are functional at time of spot-check (rural/WfP); Ratio of the actual hours of water supply to the required hours (small towns)	Rural	82	83	84	82	84	90
	Urban	---	84	87	86	87	95
3. Per Capita Investment Cost: Average cost per beneficiary of new water and sanitation schemes (USD)	Rural	\$31	\$44	\$35	\$52	\$45	\$45
	Urban	\$	\$38	\$55	\$70	\$70	\$85
4. Water Quality: Percentage of water samples taken at the point of water collection, waste discharge point that comply with national standards	Protected source – Rural	E.coli	---	93	65	95	95
	Treated Drinking water supply – Large towns	E.coli	---	100	99.5	100	100
5. Management: Percentage of water points with actively functioning WSCs (rural)/Boards (Urban)	Rural	---	72	71	80	80	95
	Urban	---	73	75	90	90	95
6. Gender: Percentage of WSCs/Water Boards with women holding key positions	Rural	---	82	80	85	83	95
	Urban	---	73	75	90	90	95

SOURCE: MWE SPR (October 2013).

Institutional Arrangements for Rural Water Supply

All the actors involved in provision and management of RWS operate within the CBMS framework. These include central and local governments, development partners, NGOs, private sector and the communities. For CBMS to effectively perform, all actors have to play their designated roles in a co-ordinated manner as stipulated in national policies, guidelines and planning frameworks.

Central Government

The central government has the overall responsibility of policy initiation, regulation and monitoring – setting national standards and priorities for water development and management, while implementation is passed on to local governments—(districts and sub-counties) and the private sector. The central government is responsible for providing financial and back-up support to local governments and has to ensure availability of spare-parts in the country. Building capacities of local governments and the private sector in Uganda remains a big challenge for the central government. The building of the capacity of the district has been challenged by the proliferation of districts in Uganda, which in a period of 20 years have grown from 39 to 112. Recognizing that the private sector was not only a new phenomenon in RWS, but also a rather unattractive business, the central government committed itself to nurture the private sector and ensure that spare parts are available in the country at all times. However, procurement and management of spare parts in the country has even proved more difficult, and hence the once popularized supply chain introduced by UNICEF has been greatly weakened due to relegating the supply of spare parts to the private sector.

Development Partners and NGOs

The water sector in Uganda is benefiting greatly from international development partners' and NGOs' support, namely, financial and technical assistance. Some notable development partners supporting the rural water sub-sector include UNICEF, DANIDA, Sida, the World Bank, and United Kingdom Department for International Development (DFID). The main NGOs that support the sector include SNV/Trippl-S, WaterAid, and Plan International. NGOs complement government in sector service delivery in terms of finance and implementation. NGOs have been the main players in implementing the “software” component that includes community mobilization and training of local communities in maintenance of their water supplies. Software activities are minimally considered in the government conditional grants for RWS—as they are allocated 13 per cent of the entire budget. Issues of governance and management in RWS are predominantly software issues that are symbiotically linked to sustainability of water facilities. Apart from direct involvement in implementation or provision of water services, NGOs have helped district

and sub-county governments to develop water plans, and help with follow-up support.

District Local Governments

Under CBMS, districts are supposed to provide financial and back-up support to sub-counties, plan for co-financing of technicians' training, provide O and M toolkits, and supervise sub-counties as well as the private sector. In addition, districts are supposed to plan and carry out rehabilitation of water sources, monitor the water quality and O and M, stock spare parts that are not readily available in the local market and sell them to WUCs, enact bye-laws/ordinances on O and M.

Study participants at national and district level noted that districts have dismally played their roles due to lack of capacity. District water offices are not well facilitated and often lack personnel to carry out the tasks. Where the situation appears somewhat better are old districts, i.e., those that have been in existence of 10 and more years, but also which boast of a big presence of NGOs involved in RWS. Study findings reveal that the actual role played by the district in O and M of rural water facilities has tended to revolve around issues of capacity building in the form of training and rehabilitation or repair of water facilities with major faults, which are beyond the capacity of the sub-counties and communities. The study further reveals that in all districts, stocking spare parts that are not readily available has not been possible as well as conducting visits to monitor the water quality and O and M by communities. Visits by district representatives to sub-counties and communities were reportedly rare in all the three study districts.

Sub-County

Sub-counties as well as districts are mandated to implement central government programmes. Sub-counties plan and allocate resources for O and M and simple technology construction, resources to undertake O and M of water sources beyond the capacity of user communities, train or pay for training of technicians, supervise and monitor the technicians, monitor the functionality of water sources, enact bye-laws on O and M and provide other support to WUCs. As in the case of districts, sub-counties have not performed to a level that would ensure sustainable access to safe water. Supervision visits by the sub-county staff to communities for on-spot check and interactions with WUCs are very minimal due to lack of facilitation. Supervising and monitoring the performance of the technicians and providing toolkits as well as back-up support remain poorly performed due to lack of adequate funds.

The role of sub-counties to support the initial training of technicians to ensure that HPMs will always be available is proving difficulty. For instance, in the event that a trained HPM becomes ineffective, migrates from the area or even passes away, sub-counties can hardly train a new one. What is also apparently causing dismal performance of roles between the

sub-county and the communities is lack of document clearly specifying the roles of each party. For instance, WUCs hardly receive written guidelines at their inauguration that would clearly spell out what they are expected to do and how they are supposed to do it, and in turn what is expected of sub-county and district governments.

Water User Communities and WUCs

WUCs, which are selected by communities, are mandated to oversee O and M of the water facilities. Their duties involve planning and overseeing O and M, set water user charges, and mobilize communities to pay for O and M, make/enact bye-laws and regulations on the use of the source, provide safe custody of the O and M fund, convene meetings of water users and report to them especially on the purchases made. More details of governance and management roles of WUCs are dealt with ahead.

The Private Sector

Owing to the fact that the private sector involvement in the water sector is a new phenomenon, government committed itself to initially nurture and train the private firms including the technicians to provide maintenance services to water users in rural and peri-urban areas. Study findings, however, reveal that to a large measure the government has not been able to perform this role. What, however, emerges to be the biggest constraint is dealing in spare parts for rural water facilities, which is not a lucrative business and hence very few private firms are willing to engage in this venture.

Governance and Management Issues Affecting Access to RWS

Since the 1990s, GoU, with support from development partners and NGOs, has injected resources into providing RWS raising the access from around 12 per cent in the late 1980s to the current 64 per cent. According to several key informants at all levels, the country would have more likely achieved the MDG target (i.e., 70 per cent access) if the installed water sources were effectively operated and maintained, and that the government could have moved a further stride in achieving the more ambitious national target of 77 per cent. O and M of rural water facilities is a primary function of the community of users as per the CBMS strategy, which is affirmed in the National Water Policy (1999): “to provide sustainable safe water within easy reach based on management responsibility and ownership by the users to 77 per cent of the population in rural areas by the year 2015 with an 80–90 per cent effective use and functionality of water facilities (GoU 1999, 14)”.

While ensuring O and M of installed water sources, pertinent governance and management issues at the micro or household and community level do emerge. Micro-level governance and management dynamics have their

roots in the CBMS approach, the National Water and sector guidelines that bestow ownership, O and M and management of the RWS facilities on the community. As per the guidelines, communities elect WUCs to ensure that water sources are well managed. Governance and management issues are quite relevant at WUC and community levels since they include mobilization of water users to contribute O and M fund, collect and utilize O and M fund, engage and sign contracts with technicians, e.g. hand-pump mechanics, pay the technicians for works performed, ensure that communities adhere to the set by-laws, keep records of all purchases and transactions, and keep an inventory of water. Thus, a discussion of micro level governance and management of RWS is primarily an interrogation of the effectiveness of the WUCs and water consumer households, the private sector and other governance dynamics at a community level. Governance and management encompass such areas as how WUCs exercise their roles and responsibilities as well as control and accountability mechanisms in place.

How effectively are WUCs governing and managing the water sources?

Good governance is essential in ensuring sustainable access to RWS as it is expected to promote efficient and effective O and M of water services. The Water and Environment Sector Performance Report (GoU/MWE 2013) shows that 70.7 per cent of all functional water sources in the country have WUCs, which is corroborated by other studies (e.g., UNICEF/GoU 2011) that revealed that the majority (74.4 per cent) of the water sources in the country had WUCs. As per the guidelines, WUCs are elected by communities or water source users and comprise nine executive members. The guidelines further provide that a half of the committee members have to be women with majority holding key positions on the committee. Key informants at district and sub-county level in the three districts affirmed that majority sources had WUCs, their performance notwithstanding.

As a good governance practice and as provided for by the guidelines, participants in the study concurred that the existing WUCs were elected by the users and at times under the guidance of Community Development Assistant or other sub-county staff. These observations are corroborated by the UNICEF/GoU (2011) study on the effectiveness of CBMS, which revealed that almost all the WUCs (93.8 per cent) were elected by community members, but with a big proportion (75.6 per cent) having been in existence ever since they were elected, implying that no change or transition had ever occurred. WUCs are principally voluntary grassroots institutions that in their day-to-day functions of ensuring O and M of rural water facilities are required to enact by-laws for the water source, hold meetings with water users to deliberate on the management of the source, compile the lists of users, including paid-up users. Based on the interviews conducted and also utilizing available secondary data, this study made an attempt to identify the governance and management features among the

WUCs, and then draw the link with functionality of the source, which is a major indicator for safe water access (See Table 2).

What is important to note is that although most WUCs perform at below 50 per cent on most of the governance and management indicators, most of them tend to have some form of bye-laws governing their water source. The by-laws include the requirement that water users make contributions towards O and M of the water source, barring people from collecting water at night, not using dirty water vessels to collect water, not washing clothes and grazing animals near the water source. In all the three study districts, it was reported that the practice is that water users determine the amount to be paid for O and M depending on the total amount required to repair the source. The total cost is normally divided among the total number of consuming households equally except for the households headed by elderly persons, persons with disability or if the head of the household is suffering from a known debilitating chronic illness.

In most communities, each household is required to contribute a fixed amount depending on the nature of the repairs to be undertaken. In a few instances, local leaders together with the WUCs in some communities in Kabarole district fixed a monthly contribution ranging between UGX 200/= and 500/=, which also proved problematic. Local officials and WUCs noted that with time, it has proved difficult to collect money from the users on a monthly basis, and hence have settled to collecting the O and M fund after the source breaks down when users feel the need.

As much as the O and M fund is largely determined by community members based on the assessment made by the hand-pump mechanic, enforcing the collection is a problematic area. The enforcement of the by-laws is the responsibility of the WUCs, which paradoxically do not have a legal mandate to enforce them. Reports were shared where WUCs are faced with a dilemma when collecting O and M fund as they often get challenged by the water users not because of their legal status, but to explain why other public sectors such as health and education do not charge beneficiaries. In all, the manner through which O and M funds are mobilized or collected does not promote sustainable access to safe water if the source failed. To ensure continued access to RWS, WUCs need to access O and M funds at all times when the water source fails or breaks down, which apparently is not the case. Due to fear that funds will be misused, most communities tend to be reluctant to contribute for O and M if the source is functioning. Due to inherent fear that funds will be misused, most WUCs only collect O and M contributions whenever the source breaks down. A key informant at the MWE noted that *“country over, it is common to find WUCs without any money for O and M on the account”*.

Table 2. Assessment of the governance performance indicators of WUC

Governance indicator	Function performance	
	%	N
Rules/regulations governing the sources	42.5	68
• Yes, written	38.8	62
• Yes, unwritten	18.8	30
• No		
Holding of meetings		
• Yes, regularly	31.9	38
• Yes, sometimes	41.2	49
• No	26.9	30
Holding general meetings with users		
• Yes, regularly	22.2	22
• Yes, sometimes	56.6	56
• No	21.2	21
Existence of lists of users		
• Yes	46.6	48
• No	53.4	55
Existence of the list of paid-up users		
• Yes	50.0	55
• No	50.0	55
Existence of contracts with hand-pump mechanics	45.5	50
• Yes	54.5	60
• No		
Existence of cash books		
• Yes	31.4	33
• No	68.6	72
Availability of receipts of purchases		
• Yes	22.5	23
• No	77.5	79

SOURCE: UNICEF/GoU (2011).

Lack of transparency in managing O and M fund by WUCs and generally issues of financial impropriety were reported as a constraint to effective functionality of RWS facilities, which potentially undermine sustainable access to safe water. In isolated cases where funds are collected even when the source is functioning, they are kept by the treasurer but not banked since virtually all WUCs do not operate bank accounts. This also can breed malpractices in the usage of O and M fund if they are entrusted to a member of the WUC, i.e., the treasurer. In order to address the problem of custody of O and M fund, some communities elect a temporary treasurer, which minimizes the chances of misappropriating the funds. Further, the funds collected for O and M were meagre to meet the requirements for

preventive/regular maintenance including payment to the hand-pump mechanics, which further impinges on access to safe water by rural communities.

Despite the limitations of adhering to good governance norms and practices, officials interacted with drew a direct relationship between WUCs' performance i.e., observing good governance and management practices, and functionality of the source. Study participants argued that where you find an active and functional WUC, the likelihood of the community accessing water would be higher than where the Water and Sanitation Committee (WSC) is ineffective. This finding corroborates the findings in an earlier study by UNICEF/GoU (2011), which revealed that among water sources with WUCs that performed their roles, the functionality was slightly better than where WUCs were non-existent or not active. Functionality of water source in most cases implies enhanced access to safe water (See Table 3).

Table 3. Relationship between governance and access to safe water

WUC function	Functioning normally (%)	Not functioning (%)
WUC collects O and M funds		
• Yes	87.7	12.3
• No	84.9	15.1
WUC holds regular meetings		
• Yes	87.1	12.9
• No	85.4	14.6
WUC mobilizes users for O&M		11.1
• Yes	88.9	21.4
• No	78.6	
WUC engages HPMs/masons		
• Yes	85.7	14.3
• No	87.3	12.7
WUC pays for repairs		
• Yes	87.7	12.3
• No	84.4	15.6
Water source has caretaker		
• Yes	90.1	9.9
• No	78.4	21.6
Enforces the bye-laws		
• Yes	90.2	9.8
• No	73.1	26.9
WUC services source regularly		
• Yes	90.9	9.1
• No	80.8	19.2

SOURCE: UNICEF/GoU (2011).

WUCs that observe governance and management practices have better chances of keeping the water sources functional. Keeping WUCs functional and active is, however, being threatened by the fact that most membership of WUCs hardly changes as they serve for a long a time and start burning out. The fact that WUCs work on a voluntary basis compounds the problem of burning out. This problem can be addressed by setting term limits and replacing members who become inactive, migrate or die. Study participants revealed that most of WUCs that tend to be active are the newly elected or those not having served more than three years. This implies that setting term-limits for which WUCs can serve and possibly not exceeding three years can promote good governance and management for enhanced access to safe water.

The above factors are further exacerbated by local politics and to some lesser extent by national politics as well. Local politics sets in from the time when communities are making a choice on where to locate the source. Local politicians, opinion leaders and community elite often flout the process to influence where a source can be located in a particular community even when it is not an ideal place. This is further exacerbated by politicians at local and national level who send conflicting messages to communities not to pay for O and M, which is contrary to the policy as the following quotations reveal.

There is often some interference which politicians assume to be intervention to save their people. A district may drill a borehole where it should not have been installed but because a politician talked strongly about a certain place, they are compelled to install it (Key Informant, SNV).

Contradictory statements by local and national politicians regarding who is mandated to provide for O and M often leaves community members confused or with a hardened attitude not to pay not only for source construction, but also for carrying out simple repairs or engaging the HPM. All these challenges combined have left most of the committees with no role to play (Key Informant, Tripple-S).

If communities cannot raise O and M funds to pay for spare parts and engage HPMs, this leads to a disruption in the entire CBMS since the HPM is a vital private sector institution in sustainable access to rural safe water.

The Private Sector

The private sector, which is key in O and M for RWS facilities, comprises spare parts dealers, HPMs and other technicians operating largely at sub-county level. Owing to the fact that private sector involvement in the water sector is a new phenomenon, the government had committed itself to initially nurture and train the private firms including the HPMs. Since the introduction of HPMs in the sector, they have largely operated as individual entities and not represented as vital institutions in ensuring sustainable access to rural safe water. Ministry officials and NGO staff recognize the challenge for HPMs to operate as individual players especially in a

situation where communities and sub-county local government lack the capacity to supervise them and cannot easily pay for spare parts and pay for the services rendered.

In order to overcome the governance and management constraints encountered in dealing with the HPM as an individual actor, the MWE, with support from NGOs especially SNV/Trippl-S and SNV, have started supporting the formation of hand-pump mechanic associations (HPMAs). The HPMA is a new player in the governance and management of RWS in Uganda. RWS seeks to improve effectiveness of HPMs in responding to breakdown of water facilities. The MWE has developed Guidelines that clarify the roles and responsibilities of HPMAs.

It is envisaged that the formation of HPMAs will address key challenges that individual HPMs have been faced with and also make it less risky for communities. Because HPMs operate individually, they have little opportunities to learn from each other and are not represented as stakeholders in the districts or at any forum. Limited communication therefore exists between WSCs, HPMs and the district water office, thereby making it difficult to hold them accountable. Indeed, due to lack of oversight of the HPMs, complaints about misbehaviour and theft of spares in some communities were reported. Operating as individuals also implies that HPMs encounter difficulties in accessing quality spare parts, tools and knowledge. Individual HPMs lack a legal basis and can therefore not obtain official contracts given out by the local government. Thus, the formation of HPMAs is envisaged to herald a stream of benefits, including improved cooperation, learning and working together amongst HPMs, access to tools, finance, spare parts and knowledge, ability to receive service contracts, coordination and accountability with the district water offices (i.e., local governments) and communities, discipline and increased responsiveness. Formation of HPMAs seems to be a deliberate intervention by government to institute a robust mechanism of availing spare parts in order to enhance sustainable accessibility to safe water by the rural populations.

Local Governments

Under CBMS, district governments provide back-up support to sub-counties, plan for co-financing of technicians' training, provide O and M toolkits, and supervise sub-counties as well as the private sector, co-ordinate the activities of NGOs, carry out rehabilitation of sources, monitor the water quality, "stock" spare parts that are not readily available in the local market and sell them to WUCs, and enact by-laws/ordinances on O and M. With regard to co-ordinating the activities of NGOs involved in safe water delivery, informants at district level acknowledged the existence of a multi-stakeholder committee, which is a structure for coordination at the district level. Despite the existence of this structure, it was noted that many times, NGOs tend to work independently and in isolation without reporting or providing feedback to the districts. This method of work has

implications for sustainable access by not following procedures as laid down by the MWE.

Governance and management gaps between the district and sub-counties, and then communities (WUC) in ensuring sustainable access to rural safe water are noticeable. For instance, there is no structure which links the district to the sub-county and then to the WUC, and more significantly there is no governance and management structure at the sub-county level to support the WUC, which is a major issue on the functionality of rural water sources. There are, for instance, water repairs which the WUC cannot handle and takes a lot of time before the district comes to learn about them since the sub-counties, which are near the communities are faced with noticeable challenges in executing their functions.

The sub-counties plan and allocate resources for simple technology construction, mobilize resources to undertake O and M of water sources beyond the capacity of WUCs, train or pay for training of water technicians including HPMs, supervise and monitor the technicians, monitor the functionality of water sources, enact by-laws on O and M and provide other support to WUCs whenever the need arises. Study findings, however, point to minimal performance of the above roles by sub-counties. For instance, interactions between sub-counties and WUCs are very minimal. Most sub-counties, especially those located far from the district headquarter, rarely benefit from back-up support, supervision and monitoring of water source functionality by staff from the District Water Office. National and district level key informants blamed this on the reluctance of central government bureaucrats to make the Decentralization Policy work by failing to post staff to local governments to implement government programmes.

Post-MDGs: Policy Issues in Enhancing Sustainable Access to RWS

The study findings have shown that Uganda will not achieve her target of 77 per cent rural water access, nor will the MDG target of 70 per cent by 2015 be achieved within the remaining short period. It is evidently clear that with donors supporting the government budget for RWS, much emphasis has been put on constructing new water sources and little emphasis has been put on the sustainable maintenance of such sources, which involves governance and management issues especially at the grassroots level. As per the policy and guidelines for RWS sub-sector, O and M is a primary responsibility for the communities within the overall framework of CBMS. For sustainable access to rural safe water in the post-MDG agenda, there is urgent need to focus on the governance and management of installed water sources, among others, by defining the roles of actors in the institutional framework for RWS provision. As much as communities and WUCs are pillars of CBMS, the extent other players fulfil their functions impinges heavily on the activities of the communities and WUCs. Thus, focusing alone on the governance and management of RWS by WUCs and communities in the post-MDGs might not produce the expected results in universal access to rural safe water.

At the community level, CBMS is largely based on the principle of volunteerism, which has been overstretched as demonstrated by weak governance and management of RWS, epitomized by ineffective O and M. Relegating the O and M role almost in its entirety to the poor communities is not promoting effective sustainability of RWS facilities. To enhance accessibility and to make a big a big impact in post-MDG, there is need for actors not only to execute their roles, but put in place a mechanism that will harness shared support for promotion of good governance and management at the community level that in turn would be a catalyst for sustainable access. Borrowing from Carter *et al.*, (1999), a sustainability chain comprising four interrelated elements to enhance access to safe water could come in handy in the post-MDG: (i) motivation of the community, (ii) maintenance and operation, (iii) cost recovery, and (iv) continuing support.

As this study reveals, during the first year of water source installation communities tend to practice good governance and management of their water sources as demonstrated by utmost commitment to O and M. However, in the subsequent years, the commitment and interest start withering away as reflected in the failure of WUCs to perform their functions and the reluctance of community members to pay for O and M. This occurs amidst a situation where community follow-up and monitoring by the sub-counties and the districts are inadequately performed due to lack of enough manpower, logistical support and generally sufficient funding. In addition, the follow up and monitoring of the districts by the centre are also not well executed. Similar findings are found in Bagamuhunda and Kimanzi (1998). Communities and sub-counties in post-MDG will need regular supervision and follow-up, and ensuring some level of consistency in implementation between and among sister sectors.

Compared to other sub-sectors or sister sectors such as health and education, RWS has attracted many actors. Of particular importance has been the emergence of the private sector, which WUCs and local governments have to deal with in O and M. The involvement of the private sector in RWS is a new phenomenon in Uganda. Therefore, there is need for a strong public authority in post-MDG to regulate, monitor and to co-ordinate the rest of the actors, and above all to monitor the private sector. Further, the need to institute a robust monitoring and evaluation (M and E) mechanism at all levels of service in post-MDG is glaringly clear. To-date, the little information that is gathered by the Monitoring Department at the centre is not used effectively for planning as well as managerial decisions and there is little proactive feedback to the end users from districts. Strengthening of M and E at all levels of implementation and by all players is therefore an important measure towards ensuring sustainable rural safe water delivery.

Conclusion

This chapter sought to analyze governance and management issues affecting sustainable access to rural safe water. Several actors are involved in ensuring access to safe water, playing various roles as enshrined in the CBMS. CBMS and the public sector reforms are clear on the roles of each actor in the provision and maintenance of RWS; also clear is the limited role of the state in implementation. In the particular case of ensuring access to rural safe water, local governments working with the private sector are mandated to carry out the implementation while communities take full ownership responsibility and O and M of their water supplies. It is this takeover of full ownership and being in charge of O and M that bring in complex issues of governance and management of water sources by the community and the WUCs. WUCs are voluntary institutions elected by the community with no fixed term of office. In an effective CBMS, WUCs are supposed to receive support from other players in executing their governance and management roles. Theoretically, examining actors in the CBMS reveals synergetic, iterative and symbiotic relationships between and among the actors. These relationships need to be fully actualized and exploited so as to promote sustainable access to safe water.

Lack of clarity of actors' roles impinges on the efforts to promote universal access to safe water and thereby undermines the realization of the MDGs targets. This goes hand in hand with policy harmonization at inter and intra-sectoral levels. Thus, even when the approach is well defined but is not followed by redefinition of roles, confusion of roles regarding who is supposed to do what, when and where can undermine universal access to rural safe water. The community is regarded here as a key player and is expanded to comprise water user households and WUCs, but often constrained to effectively play its role, especially to engage and supervise the private sector. The private sector involved in rural safe water implementation has weak capacity and at times exhibits outright reluctance to make tangible investments in the water sector due to limited profit margins. Thus, private sector capacity to respond to demand is crucial—retooling, retraining and engagement of hand-pump mechanics is a continuous process and needs support.

It is therefore clear that to promote sustainable access to rural safe water in post- MDG, there is a need to move beyond the current theoretical thinking of the state as an enabler, creator of a conducive environment for other players, standard setter and quality controller as well as providing resources for hardware component, but provide adequate support for software activities, which include governance and management of RWS.

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Inroads in Alleviating Slum Conditions across Nigeria

Lee Pugalis, Bob Giddings and Kelechi Anyigor

Abstract

This chapter assesses the extent to which Nigeria has made inroads in alleviating slum conditions. It draws upon empirical evidence generated by a mixed-method case study. In relation to the Millennium Development Goals, it is principally concerned with the eradication of extreme poverty and the target concerned with achieving a significant improvement in the lives of slum dwellers by 2020. Derived from the key finding that slum alleviation strategies should not focus on physical and environmental interventions at the expense of social and economic support, a provisional multidimensional framework for improving the living conditions of slum dwellers is developed.

Key words: Rapid Urbanisation, Slums, Informal Settlements, the World Bank, Africa

1. Introduction

Sub-Saharan Africa is the most urbanizing region of the world. These centrifugal forces bring hope and signs of economic prosperity, social development and enriched physical infrastructure. Yet, dense currents of rural-urban migration also put major stresses on existing urban systems, environmental habitats and community cohesion. Across the global community, the alleviation of slums has been identified as a key objective to help achieve the broader ambition of eradicating poverty. Yet, the issue of slum formations and their concomitant problems persist.

In 2000, the Millennium Development Goals (MDGs) were adopted by world leaders and development experts under the auspices of the United Nations. Some significant improvements have been made in the intervening years (United Nations 2013). Whilst great strides have been made to alleviate slum conditions, such as meeting the MDG target to significantly improve the lives of 100 million slum dwellers well in advance of 2020, the high proportion of slum conditions in sub-Saharan Africa remain (United Nations 2013). According to the United Nations (2013), there was only a 3 percent reduction from 65 per cent in 2000 to 62 per cent in 2012, leading them to conclude that 'Though the MDG target has been met, urbanization continues to outpace improvements in slum conditions' (United Nations 2013, 50). Indeed, in absolute terms, slum conditions continue to grow,

with estimations suggesting that 863 million people resided in slum conditions in 2012 compared with only 650 million in 1990 (United Nations 2013). This suggests the importance of geography due to spatially uneven patterns of development.

This chapter appraises efforts in Nigeria to improve the lives of slum dwellers. It is therefore principally concerned with the MDGs' objective: to "*eradicate extreme poverty and hunger and ensure environmental sustainability*". Several targets are relevant here, especially the target concerned with achieving a significant improvement in the lives of slum dwellers by 2020.

The core aim of this chapter is to assess the extent to which Nigeria has made inroads in alleviating slum conditions. In so doing, it will examine the interrelated social, economic and environmental dynamics that have and continue to contribute to the formation of slum conditions across Nigeria, and appraise past and present slum improvement strategies in Nigeria as they relate to realizing the MDGs.

The analysis of achievements, challenges and policy dilemmas will provide the evidence-base for extracting some crucial lessons and generating some pointers for success. Along the way, the research will challenge some perceived wisdoms, and suggest alternative approaches to the way prevailing issues raised could be tackled.

Many slums are discounted in 'official' socio-economic surveys (e.g. Census data) and erased in 'official' spatial plans or marketing statements (Pugalis, Giddings and Anyigor 2014a). It is as if slums were not 'real' or at least made less visible as they are often 'modernised' and slum dwellers displaced from central urban areas, i.e., those that command higher land values, attracting the gaze of investors and consumers.

Ebonyi State in southern Nigeria and more specifically, Abakaliki city, the capital of Ebonyi State, was identified as a site for analysis, due to its rapid urban growth that has resulted in the formation of numerous slum settlements¹. A mixed-method approach that drew on a large body of quantitative and qualitative data from research recently conducted by the research team was utilised.

2. Overview of the Literature

2.1. Slum Clearance and Redevelopment

Slum clearance programmes have an extensive history. The use of the 'bulldozer' approach was borne out of the desire to utilise land in the city centres for more profitable activities such as offices and shopping centres (Carmon 1999). Large numbers of people in developing countries were evicted forcefully without adequate arrangements for resettlement, and this resulted in the swelling of housing demand (Werlin 1999). The first incidence of slum clearance in Nigeria was in 1951 (Kabir and Bustani

2010). However, the programme provoked anger and hostility among the residents of the affected areas and undermined public confidence in planning activities (Gandy 2006). It has been widely criticised for being anti-poor (English, Madigan and Norman 1976; Gans 1962; Parker 1973). Yet, despite this previous experience, about 300,000 residents were forcefully evicted from Maroko in Lagos, during a large-scale slum clearance in 1990 (Agbola and Jinadu 2002), and several thousand also faced forced eviction in Abuja during the mid-2000s (UN-Habitat 2007).

Wu and He (2005) argue that the effects of dismantling neighbourhoods are detrimental to a sustainable urban society and, therefore, positive social objectives should be seriously considered. They propose that more attention should be paid to the interests of marginalised groups and to the achievement of social sustainability in the urban redevelopment processes. Carmon (1999) aptly observes that slum clearance does not take the psychological and social costs of forced relocation into account. For instance, it could result in the breaking up of longstanding social ties cultivated through time, and small business owners could be separated from customers with whom they have developed rapport over the years. It is such critiques that have dissuaded contemporary policymakers from devising mass slum clearance programmes, although it should be acknowledged that such practice continues.

2.2. Direct Government Housing Provision

Following the widespread disapproval of slum clearance and redevelopment, several direct housing schemes were adopted. From the time of independence, there was a move to five-year development plans, which were expected to drive economic development and provide affordable housing for the various income groups. In the first Nigerian National Housing Programme between 1970 and 1974, a total of 59,000 new houses were proposed but only 12 percent of these were completed (Ogu and Ogbuozobe 2001; Okpala 1986). Between 1975 and 1980, there was a proposal to develop 202,000 housing units for different income groups across the country (Kabir and Bustani 2010). At the end of the period, only 28,500 (14.1 percent) were completed successfully due to the poor performance associated with direct government involvement (Ogu and Ogbuozobe 2001). In the third National Housing Programme, between 1981 and 1985, more progress was achieved than in the previous years (Ogu and Ogbuozobe 2001) as 23.6 percent of the proposed 200,000 units were completed (Kabir and Bustani 2010). The success of the programme was undermined by corruption, which is often associated with civilian administrations in Nigeria, poor supervision of building sites and lack of service infrastructure (Agbo 1996; Aina 1990 cited in Ogu and Ogbuozobe 2001).

In spite of a series of attempts by government to improve housing provision, there remained a gap between housing supply and demand (Agbola 1998; Olomolaiye 1999), which further compounded the problem

of slums in Nigerian cities. Current efforts to improve housing delivery are channelled towards the development of a secondary mortgage market, involving the establishment of a new regime under the National Housing Fund to facilitate more favourable mortgage terms, and a five-year tax holiday for developers (Kabir and Bustani 2010). The rationale is to create an enabling environment for increased private sector participation in housing delivery, and to encourage households to build their own houses (Eke 2004). However, past experiences have shown that such schemes are often overrun by the more affluent city dwellers, while low-income households are left to struggle. There are fundamental social, economic and environmental issues in slums that need to be addressed in order to enable slum dwellers to benefit from government housing schemes. Until these issues are addressed, adequate housing will continue to elude the poor in Nigeria.

2.3. Self-Help Initiatives

The so-called 'self-help' initiatives afford families the opportunity not only to contribute their labour, but also to be part of the design and management processes of their houses (Turner 1976). It is based on the view that the solution to slums is not to demolish the houses, but to improve the environment and let the slum dwellers develop their own houses, with the assistance of neighbours and friends (Turner and Fichter 1972). The approach offers households the opportunity to build slowly but steadily, constructing incrementally, with rooms being added and facilities upgraded gradually as income allows (Gough and Kellett 2001). Indeed, the self-help paradigm gained a wider acceptance than public housing and even influenced a change in the World Bank policy on urban development from 1968 (start of emphasis on housing in developing countries) (Grimes 1976; Rodwin and Sanyal 1987; Ward 1982).

Nevertheless, it has been criticised for encouraging capital accumulation through double exploitation by prolonging working hours. This is because people who are building through self-help would need to spend additional time on their houses after their normal working hours; and when the cost of the man-hours is factored in, this increases the overall cost of construction (Burgess 1978). According to Gilbert (1982) and Ward (1982), the proponents of self-help fail to realise that the freedom to build is unlikely in the absence of state intervention because choices for low-income households are constrained. Given that the paradigm supports incremental housing development, it could take a long time before positive change is realised. Also, houses constructed through self-help are often funded with household savings (Gough and Kellett 2001; Kellett 1995) but low-income households spend between 65 and 85 percent of their earnings on food. Yet, arguably the main problem is that it is narrowly focused on physical development, ignoring social and economic participation.

2.4. In-Situ Upgrading

The in-situ upgrading paradigm was proposed and adopted by the World Bank in the 1970s as a more cost-effective option, following the substantial criticism of other approaches. According to Martin (1983), it helps to defuse political agitation for improved housing for slum dwellers; and the cost of demolition and rehousing the residents was seen to be much more than that of upgrading (Wegelin 2004). It was argued that the poor could not afford to make improvements due to intense income and credit constraints. In principle, in-situ upgrading involves the improvement of neighbourhood infrastructure, complemented by social interventions such as legalisation of land tenure, and sometimes dovetailed with a home upgrading loan and capacity building for residents (Field and Kremer 2005; Wegelin 2004).

Neighbourhood infrastructure improvements typically include micro-drainage, neighbourhood water supply distribution, solid waste collection, and communal sanitation (Wegelin 2004). Security of tenure, which is one of the primary goals of upgrading slums, is critical for the residents' successful integration into the fabric of urban life (Gulyani and Connors 2002). According to Martin (1983), upgrading has the following advantages: it maintains existing economic systems and opportunities for the urban poor who are most in need; it preserves low-cost housing systems and enables the inhabitants to retain maximum disposable income; it safeguards communities which have many internal linkages to support individual families and the group; and it protects the interests of the poor. Upgrading is therefore considered to be a more favourable solution. However, in the mid-1980s, this approach was criticised at the micro level because of inefficiencies created by individual projects, and at the macro level for lack of an overarching institutional framework and the concomitant need for a programmatic approach to urban lending (Gulyani and Connors 2002, 4). The micro-level critiques also revealed issues such as: slow rates of implementation and a record of poor administration; inadequate levels of community participation; a poor record on cost recovery and operations and maintenance; and problems in upgrading individual neighbourhoods that do not connect to citywide networks.

2.5. Sites-and-Services Schemes

Sites-and-services schemes involve the provision of planned sites, with infrastructural facilities and services such as roads, drainage and water, which people may then acquire at subsidised rates for housing development (Rodell 1983). The prospective developer is usually required to pay for the cost of infrastructure and services provided by the government in these areas (Ogu and Ogbuozobe 2001). According to Dasgupta and Lall (2006), a major reason for the limited success of these schemes was the lack of access to finance for the construction of the dwellings. The federal government of Nigeria adopted the scheme in 1986 as a viable alternative to direct housing provision (Efobi 2007). Over 10,000 serviced plots were

allocated across the country, particularly in the major cities such as Abuja, Lagos, Enugu and Kano (Nubi 2001). However, the scheme did not make any significant contribution to the nation's housing stock due to problems of project funding, contract performance, cost overruns and cost recovery (Osamwanyi and Megbolugbe 1987). In addition, the schemes were plagued by poor development control (Dikko 2002), and some of the beneficiaries were unable to obtain ownership certificates due to administrative difficulties (Efobi 2007). Kabir and Bustani (2010) state that low-income urban dwellers were the primary target of the scheme but they have not benefited from it. This has been due to the relatively high cost of plots, which made them unaffordable to the urban poor (Aluko 2002). The scheme was designed to help low-income families living in urban areas, but in practice, it was to the benefit of more affluent households.

2.6. The Enabling Approach

After evaluating in-situ upgrading and sites-and-services schemes, it was concluded that such government-administered projects were heavily subsidised and mismanaged, and as such were financially unsustainable (Keare and Parris 1982). In response, governments decided to rely on market actors and enable housing provision through policies of decentralisation, privatisation, deregulation and demand-driven development (World Bank 1993). The World Bank's intention in supporting the enabling approach was to create demand-driven developments through decentralisation and, in effect, satisfy users' needs and foster economic sustainability (Mukhija 2001). According to UN-Habitat (2006), the enabling approach to shelter improvement calls for a policy environment where the government does not supply housing directly; rather, public authorities facilitate production by other actors in the sector.

The enabling approach involves the creation of the legal, institutional, economic, financial and social frameworks by the state to enhance economic efficiency and social effectiveness in the development of the housing sector (Pugh 2000). The responsibility of the government in this approach is to create an enabling environment for families or individuals to be involved in planning the type, size and quality of houses to suit their needs. The actual development of the houses is undertaken by non-government organisations, from either the voluntary or private sectors. Therefore, this method regards housing as a social phenomenon which is to be achieved through privatisation, with the support of deregulation policies (Mukhija 2001; World Bank 1993). It has been argued that effective decentralisation of political, administrative and financial authority would produce: stronger local authorities; improved policymaking through increased public participation in decision-making; more accountable and transparent local government; increased efficiency and responsiveness of urban service delivery; a sense of ownership over services; and in many cases, equity (UN-Habitat 2006).

Enabling is considered to be a bottom-up approach that promotes micro-level strategies which encourage community participation in the provision of shelter (Muraya 2006; UNCHS 1991). Yet, even this approach has been criticised for being ineffective (Mukhija 2001). It is argued that privatisation could have adverse effects on the poor (Baken and Van der Linden 1993; Jones and Ward 1995). Hommes (1996) and Prud'homme (1995) expressed a concern that local elites could seize the opportunity to control power in an undemocratic manner. According to Keivani and Werna (2001), the informal sector makes more contribution towards housing the poor than the formal sector and therefore it deserves support². The proponents of the enabling approach fail to fully acknowledge that low-income households cannot compete in the property market due to insufficient funds. Therefore, the enabling approach does not suit such families. In fact, the attitude of governments and public organisations towards slums has been identified as a major obstacle to the enabling strategy (UN-Habitat 2006). Since slum communities are sometimes not recognised and not included in development budgets, they are rarely provided with public utilities, such as piped water and sewerage (UN-Habitat 2006). This suggests that low-income slum dwellers are not in a position to benefit from the enabling approach. It can only be realisable if governments devise intervention processes to channel resources towards improving earnings. This could enable low-income families to participate in the land and housing market and build their own houses, thereby reducing the housing deficit.

2.7. Progress towards Alleviating Slum Conditions across Nigeria

The adoption of the MDGs in 2000 led to the formation of the National Economic Empowerment and Development Strategy (NEEDS), a policy targeted at eradicating poverty and bringing about sustainable development in Nigeria (Barnes Anger 2010). Agencies such as the National Poverty Eradication Programme (NAPEP) were then established to facilitate the agenda of NEEDS. NAPEP brings together various agencies to cooperate on poverty alleviation. Such agencies include the National Directorate of Employment (NDE) and the Social Welfare Services Scheme (SOWESS). Despite all these efforts by the government, statistics show that millions of Nigerians are still living with the scourge of poverty. Poverty Eradication Programmes have been largely top-down, and as such the benefits have not reached the poor for whom the programmes were created (Maduagwu 2008). For instance, reports published by the National Bureau of Statistics (NBS) show that in 2004, 54.7 per cent of Nigerians were living below the poverty line, and as of 2010 this figure had risen to 69.1 per cent (NBS 2012), which is a worrying trend (see Table 1).

Table 1. Nigeria relative poverty headcount, 1980-2010

Year	Poverty incidence (%)	Estimated population (millions)	Population in poverty (millions)
1980	27.2	65.0	17.1
1985	46.3	75.0	34.7
1992	42.7	91.5	39.2
1996	65.6	102.3	67.1
2004	54.4	126.3	68.7
2010	69.1	163.0	112.47

SOURCE: NBS (2012).

2.9. Prospects for Achieving MDG Targets

- Target 1A – Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day.

Year	91	93	95	97	99	01	03	05	07	09	11	13	15
%	62	66	68	63	60	57	63	52	52	68	54	61	62

SOURCE: United Nations Statistical Division (2013).

Note: 2015 figure is a projection.

If the target is to be reached by 2015, the proportion of people whose income is less than \$1 a day would be around 31 per cent. The data shows that there have been fluctuations, and promising years such as 2005-2007. Nevertheless, the overall proportion has not declined since 1991, and the projection for 2015 shows exactly the same percentage as at the beginning of the period.

- Target 1B – Achieve full and productive employment and decent work for all, including women and young people –

Year	91	93	95	97	99	01	03	05	07	09	11	13	15
%	4	6	8	11	13	14	15	12	13	20	24	27	30

SOURCE: IMF World Economic Outlook (2013).

Note: 2015 figure is a projection.

It needs to be recognised that much employment is in the informal sector, which is unregulated, irregular work for little pay. It is also insecure and prone to legal action. Therefore, residents are unwilling to declare their involvement in informal employment. Thus the official statistics as shown above only record formal employment. It can be seen that in the early 1990s, unemployment caused little concern. Yet, as the decade unfolded, there began quite a significant increase, albeit from a low base. However, this may be a result of inaccurate reporting methods during the early 1990s.

In the new millennium, the figures held steady for a while, but the significant increase from 2007 to 2009, spurred another rise. The increase over the period from 4 per cent in 1991 to 27 per cent in 2013 and projected 30 per cent in 2015, should be a cause for greatest concern. Hidden within the overall picture are government welfare programmes as well as structural transformation in some sectors of the economy, like the telecommunication sector which has absorbed many unemployed youths across all states (Amaghionyeodiwe and Adediran 2012). As far as women are concerned, they operate mainly in the informal economy. The poor often establish home-based enterprises to obtain income in conditions of high unemployment (Gough, Tipple and Napier 2003). These businesses are recognised as very important to low-income communities (Tipple 2006a and 2006b; Gough and Kellett 2001; Rogerson 1991; UN-Habitat 2003). Studies in Lagos and Kano show that 61 per cent and 64 per cent, respectively, of women are involved in some form of home-based enterprise, either full-time or part-time. In Sub-Saharan Africa generally, this can rise to as high as 77 per cent (Bose 1990; Chen, Sebstad and O'Connell 1999). The Finmark Trust (2006) states that activities include hair dressing, traditional healing, clothes making and numerous other occupations.

- Target 7A – Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resource.

The NEEDS and Vision 2020 have gradually been embracing the concept of sustainable development. However, Nigerian cities are witnessing a high rate of environmental deterioration and are considered to be among areas with the lowest liveability index in the world. The lack of political will to address these environmental problems remains one of the biggest barriers to widespread introduction of sustainable development in the country (Daramola and Ibem 2010). Nigeria's natural resources, some of its most valuable national assets, are also seriously threatened. For example, between 2000 and 2010, the area of forest shrank by a third, from 14.4 per cent to 9.9 per cent of the land area (Zamba and Oboh 2013).

- Target 7C – Halve by 2015, the proportion of the population without sustainable access to safe drinking water

Year	91	93	95	97	99	01	03	05	07	09	11	13	15
%	52	50	49	47	46	45	43	42	41	40	39	37	36

SOURCE: United Nations Statistical Division (2013).

Note: 2015 figure is a projection.

The trend in reducing the proportion of the population without access to safe drinking water is promising. Yet to achieve a reduction by half over the period up to 2015 would require a reduction to 26 per cent, whereas the projection shown above is 36 per cent.

- Target 7C – Halve by 2015, the proportion of the population without basic sanitation

Year	91	93	95	97	99	01	03	05	07	09	11	13	15
%	62	63	64	64	65	66	67	67	68	69	69	70	70

SOURCE: United Nations Statistical Division (2013).

Note: 2015 figure is a projection.

The data for sanitation presents a more disturbing picture. About 70 per cent of the population still do not have access to improved sanitation (ADB 2013). To achieve a reduction by half, the figure for 2015 would need to be 31 per cent. The evidence is that the proportion of the population without basic sanitation is steadily increasing although the rate may now be slowing down. According to UNDP (2007), the major challenge lies in translating substantial public investments in water into effective access. This requires more involvement by communities to identify local needs, and better planning to deliver holistic and sustainable solutions. In sanitation, efforts are falling short of the target. Rural-urban migration will add to the pressure on sanitation infrastructure throughout the country. It is doubtful that town-planning authorities have made adequate preparations for sustainable housing and sanitation. There is an urgent need for managerial, technical and financial resources to deal with these challenges to be established at state and local government levels. Given the risks of over-exploitation of groundwater in the North and the influx of saline water in the South, innovative solutions are required across the country.

- Target 7D – By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Nigeria scores low in her efforts to eradicate poverty and hunger. This implies that the current effort is unsatisfactory. There are still wide deviations between actual achievement and 2015 targets. Data shows that poverty rose from 42.4 per cent in 1992 to 65.6 per cent in 1996, and then it

declined to 54.4 per cent in 2004. The decline was short lived, as the incidence of poverty in Nigeria was increasing again (UNDP 2006), and conditions were described as deplorable despite supposed government efforts at meeting the MDG. Huge disparities in conditions exist between regions, with extremely low performance levels in the Niger Delta (Amaghionyeodiwe and Adediran 2012).

Based on a descriptive analysis of Nigeria's attempts to achieve the MDGs by 2015, Amaghionyeodiwe and Adediran conclude 'that the poverty alleviating programmes are not yielding the desired results' as 'poverty in Nigeria is synonymous with gross underdevelopment' (2012, 7-8). They call for a process of rapid and judicious socio-economic development. Nigeria produces 2.4 million barrels of oil each day. At current prices this amounts to a daily income of \$224 million. At the same time, a Nigerian's average life span ends at 52, and the median age is just 18. Among the claims and counter-claims of where the oil money has gone, a report from the African Development Bank (2013) asserts that between 1980 and 2009, \$1.2 - \$1.4 trillion dollars left Africa in illicit financial flows. Not surprisingly Nigeria tops the list. These sums dwarf by a factor of three the amount of development aid that institutions have pumped into the continent over 30 years. In fact, so much money flows out that Africa is a net creditor to the rest of the world, even though many of its citizens remain desperately poor. Considering the present situation, Nigeria may not be on track for meeting most of the MDGs. This is mainly as a result of poor management of resources, including foreign aid, at the various levels of government.

3. Abakaliki City Case Study

The significance of conducting this research in Abakaliki is that it is the capital city of Ebonyi state, which is in the southeast of the country. State capitals are the most important urban areas in Nigeria as they represent the administrative and commercial nerve centres of each of the 36 states in the country. As a result of their level of importance, they are often centres of attraction for rural dwellers and people from smaller towns. Considering that Abakaliki is one of the youngest state capitals in Nigeria, with major challenges of urban growth and expansion stemming from high rates of rural-urban migration, the issue of slum improvement is an imperative for the development of the city. In fact, prior to its elevation to the status of a state capital, Abakaliki was a predominantly agriculture-based town with more of a sub-urban setting. It is an emerging capital city, but has no state plans of the area and no statistics about the residents and their living conditions.

The research team conducted their investigation with the support of 'locals' as a means to help overcome issues of trust and provide new learning opportunities for all those that participated in the data collection. A social-economic-environmental questionnaire was conducted with 10 per cent of the 1420 households (10,000 people) in the community. This covered

issues such as: household size, space and status; qualifications and skills; involvement in organised groups; trust; employment and income; living in the community; cost of living and overall living conditions. In addition, an observation schedule was organised to enable the researchers to assess the environmental conditions, about which the residents were expressing their views. They included construction and quality of buildings; external spaces; streets and rainwater drainage; size, condition, density of internal spaces; water supply and sanitation.

Following the survey and observational analysis, four focus groups were held. The purpose of the focus groups was to draw out respondents' attitudes, feelings, beliefs, experiences, and especially reactions to the issues raised by the survey results.

In accordance with Goss and Leinbach (1996), each group comprised 10 participants and each session was conducted at the places of social gathering, and lasted one to two hours. The lead field researcher was the facilitator for each group and recorded the outcomes. It was also deemed necessary to elicit the views of elite actors, such as World Bank officials, local/state representatives and slum landlords. Therefore a relatively small number of semi-structured interviews (N=8) were conducted. These were identified by means of a purposive sampling framework.

3.1. The Slum Alleviation Intervention

Since the 1960s, a variety of slum alleviation and house/neighbourhood improvement schemes have been trialled. Nevertheless, outcomes have been less than satisfactory (especially in social terms) and none of the dominant slum alleviation paradigms have been shown to provide a widespread sustainable solution, as success has been underwhelming. In the case of Abakaliki, the Federal Government opted to delegate funds from two World Bank assisted programmes, the Nigeria Community Urban Development Project and the Community-based Poverty Reduction Project, to state governments, with Ebonyi State Government directing the investment in some of the poorest communities (Government of Ebonyi State 2001). This US\$195 million programme, intended to help alleviate slum conditions, was guided by ten proposed actions aimed at improving the physical environment (Table 2). It was initiated in 2001 and was completed in 2011 (10 years later). It is clear from Table 2 that the majority of the project's proposed actions were not realised, which would suggest that the intervention was a failure. Nevertheless, a detailed investigation was required to ascertain the conditions being experienced by the community, their qualitative level of improvement as a result of the intervention, and how key lessons can be learnt, achievements identified and challenges overcome.

Various actors were involved in the programmes at different levels. The World Bank initiated the project with the intent of generally alleviating poverty, establishing objectives relating to social, economic and

environmental development. The credit was made to the Federal Government of Nigeria which, not unreasonably, sublet the programmes to state governments. Nigeria faces considerable human development challenges and is at the bottom of a variety of human development indices and also suffers from high regional disparities (World Bank 2008). The United Nations (2002) *Human Development Report for Enugu and Ebonyi States*, revealed that Ebonyi ranked very low on the indices of multi-deprivation. Thus, it was included among those states selected for support from the programmes. The State Government focussed its attention on the capital Abakaliki, which was perceived as facing the greatest challenge from rural-urban migration. It briefed consultants to identify three communities that demonstrated the highest level of poverty and lowest level of employment (Government of Ebonyi State 2001). Kpirikpiri was identified as one of the three communities.

The World Bank established the principle that the content of the project should be established at local level, to respond to the specific needs of slum dwellers. Thus local project officers were appointed. Yet, it remained unclear the extent to which these officers were accountable to the State Government, Federal Government or the World Bank itself. The local authority representatives took the social, economic and environmental mission seriously and proposed that the programmes should primarily tackle the lack of employment opportunities. However, they reported that the project officers would only consider physical and environmental capital projects. There are no records of the debates and discussions that ensued at the meeting, but a similar situation was reported in Lagos (Iweka and Adebayo 2010) and there were no proposals for social and economic development in Abakaliki. Therefore, the local authority and inhabitants were marginalised by the process. There is also little evidence that landowners, such as private sector landlords, were involved in the process either. However, private sector contractors were significant beneficiaries. In particular, the road contractors received public sector finance for the re-surfacing work (see Table 2).

The new public boreholes were welcome; however, four is a grossly inadequate number. While infrastructure work is essential for progress towards the MDGs; road re-surfacing, an incomplete market re-building, street lighting and a bus shelter, are inconsequential to incomes, employment and significant improvement in people's lives - compared with the inactivity on hugely beneficial mains - water, sanitation and electricity. Thus the programmes have had limited success in terms of alleviating poverty, and even progress on environmental issues has been marginal at best. According to Nkwede (2014), evidence of poverty in Ebonyi State is still very high, despite the great human potential and natural resources endowed to the State.

Table 2. World Bank Assisted Community Urban Development Project (2002 – 2011) in Kpirikpiri, Abakaliki

Proposed actions	Outputs
1. Upgrade existing earth roads with bituminous surfaced roads	65% of roads re-surfaced
2. Provide trunk drainage	Not done
3. Provide solid waste management facilities	Not done
4. Extend water supply pipelines	Four new public boreholes
5. Build new school blocks	Not done
6. Build new recreational facilities	Not done
7. Refurbish clinic	Not done
8. Refurbish market	Original market destroyed by fire; relocated to northern boundary, in use but not completed
9. Provide street lighting	Installed along one street
10. Provide bus shelters	One erected

3.2. Meeting MDG1: Eradicate Extreme Poverty and Hunger

This section examines the extent to which the slum alleviation intervention contributed towards achieving MDG1 and specifically the following targets:

- Target 1A – Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day.
- Target 1B – Achieve full and productive employment and decent work for all, including women and young people.

According to interview sources, over 90 per cent of household incomes range from N7500 (\$50) to N10000 (\$66). So, on average the residents do earn more than \$1 a day. Therefore, MDG Target 1A, the proportion of people whose income is less than \$1 a day appears to have been addressed in this particular deprived community of Nigeria. However, Okosun *et al.* (2010) state that N45000 (\$185) per month is needed to satisfy actual family living costs. Thus, the difficulties that the residents are experiencing in affording necessities are at least in part due to very low incomes.

Much employment is in the informal sector, which is unregulated, irregular work for little pay. It is also insecure and prone to legal action. Table 3 shows the initial reaction of residents when asked about their employment status and a more considered view after the researchers had gained their confidence.

Table 3. Percentages of residents' employment status

Status	Initial (%)	Considered (%)
Formal Employment	32	32
Informal Employment	19	51
Unemployed	46	14
Retired	2	2
Students	1	1

In either case, unemployment, i.e., those not in formal employment, retired and students, comprises 65 per cent of the workforce. The national unemployment rate is 23.9 per cent (NBS 2011). So, in Kpirikpiri, unemployment is approaching three times the national average. This is a significant factor in low household incomes. Table 4 shows the skills available and the employment profile.

Table 4. Percentage of residents with skills and employment profile

Skills available	Percentage	Employment	Percentage
Teaching	14	Education	5
Professions/humanities	10	Commerce	8
Engineering	9	Manufacturing	4
Building trades	7	Construction	8
Technicians	7	IT/auto/electric	0
Sports	6	Sports	3
Trading	6	Retail	9
Furniture making	6	Furniture making	0
Hair dressing	6	Hair and Beauty	5
Entertainment	6	Entertainment	5
Catering	6	Food, drink, hotels	7
Clothes production	6	Clothes production	7
Unskilled	10	Transportation	4
		Laundry	4
		Car wash/street	14
		Unemployed	14
		Retired	2
		Students	1

Note: Where employment exceeds skills available, it indicates that unskilled people are also employed.

The employment profile demonstrates that rather than a skills shortage, the following skills are noticeably underused:

- Teaching: 9 per cent
- IT/auto/electrical technicians: 7 per cent

- Furniture making: 6 per cent
- Engineering profession: 5 per cent
- Sports: 3 per cent

The high level of unemployment and corresponding low incomes are major barriers to developing a local economy. In Kpirikpiri, only 20 per cent of respondents are engaged in home-based enterprises, among which 86 per cent are female and 14 per cent are male. This appears to be a very low involvement. According to the residents, landlords have a perception that enterprises would include harmful processes which would have a detrimental effect on their properties; therefore, they prevent tenants from becoming involved. Yet, Tipple (2006a) points out that in their study, most enterprises involved relatively benign retail, service and production activities. There certainly appears to be scope for formal agreements with the landlords over acceptable activities as well as confirmation that landlords will not raise the rents of those involved.

3.2. Meeting MDG 7: Ensuring Environmental Sustainability

This section examines the extent to which the slum alleviation intervention contributed towards achieving MDG1, specifically the following targets:

- Target 7A – Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resource.
- Target 7C – Halve by 2015 the proportion of the population without sustainable access to safe drinking water and basic sanitation
- Target 7D – By 2020, achieve a significant improvement in the lives of at least 100 million slum dwellers.

The National Building Code for Nigeria (Federal Republic of Nigeria 2006) sets the standards for construction, but it is not an easy document to interpret. It was introduced primarily as a result of multi-storey building collapses, and therefore focuses on structural stability. The code has received substantial criticism for the issues that it does not address and for relying on British Standards which have limited relevance to this location (Iweka and Adebayo, 2010). The Code has no provisions for protection against extreme climate, water provision or sanitation (Federal Republic of Nigeria 2006). There are no specific standards for construction although there are references to British Standards. The process relies on submission of compliance forms, which are specification style statements about the choice of material, size and adequacy; with justification for selection. The regulations about existing buildings are essentially that any additional construction should not be of lower quality than the existing one. Focus group discussion revealed that houses constructed in Kpirikpiri had not passed through this process.

The buildings are nearly all single storey. The floors are natural earth covered in a sand and cement screed. Approximately 50 per cent of walls are dry clay blocks with wet clay beds, sand and cement rendered on both sides. The remaining walls comprise reclaimed timber boards arranged in a haphazard fashion. The roof structure in all houses is entirely timber, covered with corrugated single skin galvanised steel sheets. The windows are apertures within the walls, which are covered with boards at night and which limits ventilation when the property is unoccupied.

There is no definitive answer about compliance with the Building Code, but the impression is that the floors and clay block walls would comply, but timber walls and all roof coverings would not comply. In terms of the UN-Habitat definition, i.e., *durable housing of a permanent nature that protects against extreme climate conditions* – 50 per cent of houses with clay block walls would appear to be durable and permanent. However, none of the roof coverings protect against solar radiation and therefore do not protect the inhabitants from extreme weather conditions. The major problem with single-skin metal roofs in warm weather is that they absorb and retain solar radiation. This translates directly into high building envelope heat loads and significant temperature build-up in the accommodation (McGee and Clarke 2010).

Table 5 shows the definition of improved water supply. According to UN-Habitat (2003), a minimum of 20 litres of water is required every day per person to meet basic needs. 37 per cent of people in Kpirikpiri have access to water at home, but it is only available for four hours every two weeks for them to fill a barrel containing 160 litres which will therefore last for 8 person-days. When this supply has been used, they will need to go to a borehole. Household size is an issue, but partial home supply is actually equivalent to 5 per cent of the community receiving all their water needs at home. 42 per cent of people are within 2–5 minutes walking distance from a privately-owned borehole. Yet, waiting time at a borehole is 20–30 minutes during the rainy season and 30–60 minutes during the dry season. Each person can carry just enough water for his/her daily need, i.e., one 20-litre container. Setting aside the notion that some people may not go to the borehole, the best case is that 37 per cent – 5 per cent + 42 per cent = 74 per cent of people spend 20–60 minutes a day collecting water. The remaining 21 per cent spend a longer time as they have further to walk. 20 litres of water costs an average of N10 at the private boreholes, and the average household size from the survey was found to be 6.6 people. Therefore, the equivalent of 95 per cent of households spend on average $N10 \times 30 \times 6.6 = N1980$ (\$13) per month on water. As previously established, over 90 per cent of the monthly household incomes range from N7500 (\$50) to N10000 (\$66). Therefore, water costs 20 per cent – 25 per cent of household income. To be affordable, it should cost less than 10 per cent of household income (UN-Habitat 2003).

Table 5. Definition of improved water supply

Criteria	Description
Quality	Clean and uncontaminated.
Accessibility	No more than one hour should be spent to obtain the basic requirement per day.
Affordability	No more than 10 percent of household income should be spent on water.
Sufficient quantity	Residents should have access to a minimum of 20 litres per person per day.

SOURCE: NBS (2005); WHO (2006); UNDP (2006); Oluwemimo (2007).

There are three types of toilet used in Kpirikpiri: indoor flush, outdoor pour-flush and pit latrines. Just 39 per cent of households have indoor flush toilets but due to provision and household size, they are only available to 25 per cent of the people. There is only a moderate problem with the number of people sharing a toilet. For example, five persons sharing a toilet is not unreasonable; and even six to nine people is manageable. However, the real context is that 75 per cent of the community have no sanitary toilet facilities. There is also a risk of groundwater contamination with both types of latrine.

Although the World Health Organisation standard requires that latrines and boreholes should be no closer than 30m, the movement of organisms from latrines into watercourses is almost impossible to model and therefore the prospect should be avoided. The South African Building Regulations follow this principle by stating that all sewage should be removed to prevent it coming in contact with the groundwater water sources (Republic of South Africa 2011) and the United Nations Environmental Programme makes it clear that latrines should not be used where groundwater sources are used for drinking water (UNEP 2000). This pollution has already discounted the wells as sources of safe water supply. Hydro-chemical analyses show that groundwater samples have a comparatively high content of ions and dissolved particles, which are injurious to health. In addition, the wells are shallow and uncovered. Consequently, the water is unsafe for drinking and cooking. As shown above, the equivalent of 95 per cent of people in Kpirikpiri obtain their water from boreholes; so maintaining uncontaminated ground is essential.

4. Discussion

The examination of slum conditions in Kpirikpiri suggests that environmental issues are largely symptoms of slum conditions rather than the causes. Considerable funds – US\$195 million in the case of Ebonyi State – on slum alleviation projects can therefore be misdirected if they concentrate almost exclusively on physical infrastructure. In the Kpirikpiri

slums, the complex nature of the issues in the neighbourhood require a more systematic approach and locally tailored responses:

- Residents are highly qualified and skilled, but require capacity building support to assist in community self-management and raise funding application competencies;
- Acute shortage of employment opportunities, especially paid, sustainable employment;
- Under representation in home-based enterprises, potentially due to control of tenants' activities by landlords, as there is a lack of formal tenancy agreements;
- Infrastructure work, especially on roads, has little relevance to the community. Nevertheless, water supply and sanitation improvements would benefit health; and a consistent electricity supply would assist well-being and employment;
- Medium-term upgrading to housing conditions would be beneficial.

A number of authors, including Arnstein (1969), have aptly observed that the most essential factor in eliciting genuine participation is to entrust some decision-making powers to the community (Pugalis, Giddings and Anyigor 2014b). The delivery lacked sufficient alignment with the needs of the community. Developing an effective governance structure and strengthening the existing capacities of the community ought to have been an integral part of any improvement programme to ensure sustainability, rather than alienating inhabitants from projects that are devised to improve *their* living conditions. Participation is important for at least two reasons. Firstly, it can help to identify the most crucial needs of slum dwellers from their own perspective. Secondly, it can assist in the sustainability and momentum of any improvements.

Much as the improvements provided useful infrastructure, they have not addressed the most immediate problems of the residents. In fact, they have raised the incomes of the landlords who own houses along the improved roads. Thus, the intervention has created more financial difficulties for tenants living in such houses. Those who cannot afford the new rent are now at risk of eviction. They have also created access for commuters who drive through Kpirikpiri from the nearby villages to the city centre, but generating little other tangible improvements for the slum dwellers who are unable to afford motor transport. The foregoing gives credence to the assertion by Wegelin (2004) that, in practice, slum upgrading concentrates on physical upgrading, with less attention given to tackling social and economic issues. This problem has also been evidenced in slum upgrading exercises carried out in other parts of Nigeria. As noted previously, nine major slum communities in Lagos megacity benefited from an extensive World Bank assisted seven-year upgrading exercise that commenced in 2006. However, there is perplexity amongst residents, because the

emphasis is ostensibly on infrastructure, particularly roads (Iweka and Adebayo 2010, 103).

According to Aisensen *et al.* (2002), to ensure that communities are adequately equipped to sustain their long-term well-being and to widen their scope of functionality and employability, it is necessary to identify and develop their capacities while improving the environment. Some potentially high-impact and low-cost interventions might have included:

- Capacity building on how to formulate agreements between landlords and tenants, with formal tenancy agreements, including appropriate home-based enterprises;
- Support to assist the development of small and medium-sized enterprises;
- Revenue funding to stimulate sustainable enterprises and employment.

The potential of slum dwellers is often under-acknowledged in the research literature. With many slum settlements home to highly skilled individuals (including a significant proportion that have attained high levels of educational qualifications), the lack of labour market opportunities presents a significant barrier. Employment potential is often stagnated by small numbers of large traditional industries, which are unable to expand. A more heterogeneous local economy needs to be developed, with an emphasis on low cost, small-scale units. A programme for developing home-based enterprises has demonstrated great potential in this regard (Tipple 2005).

4.1. Towards the Development of a Multidimensional Framework for Improving the Living Conditions of Slum Dwellers in Nigeria

Nigeria has been described as ‘a rich country with a poor population’ (UNDP 1998). Hence, whilst Gross Domestic Product continues to grow, the number of Nigerians facing extreme poverty and hunger rose from 39 million in 1992 to 69 million in 2004 (National Planning Commission 2007). This chapter has sought to demonstrate how social, economic, and environmental processes are inextricably interconnected.

The MDGs have been immensely significant in terms of consolidating efforts of numerous actors in the pursuit of global development, which integrated social, economic and environmental objectives and sought to mainstream these goals through policy and delivery processes (Chete 2009). As Amaghionyeodiwe and Adediran (2012, 1–2) have recently commented, “Nigeria though blessed with enormous oil wealth and large human and physical resources is still found wanting in [terms of] poverty eradication and ... the progress toward meeting the 2015 target has either been slow or worsening”. However, by understanding the issues and the way they are interlinked, resources and interventions can be effectively targeted to deliver maximum benefits to the community. With more tailored and locally-responsive slum alleviation schemes, considerably smaller sums could be directly targeted at the specific needs of particular

communities. Thus, generating greater efficiencies, broader outcomes, and overall better value for money and value for society. Figure 3 illustrates the key processes and relationships of the proposed framework.

The Multidimensional Slum Alleviation Framework identifies the importance of community capacity building from the outset, including the establishment of formal social structures, partnership arrangements and governance forums. This could potentially result in the eventual transfer of decision-making powers and delegated responsibilities. Derived from a community-led assessment of multidimensional needs – social, economic and environmental – actions could be prioritised to begin with triggers of change. It is recommended that the actions should be grouped into realisable sets which could be phased to align with funding opportunities. This would also enable project partners to assess early interventions, reflect on practice and learn from mistakes. This process is intended to ensure that the community is socially, economically and environmentally prepared for and proactive in achieving each action.

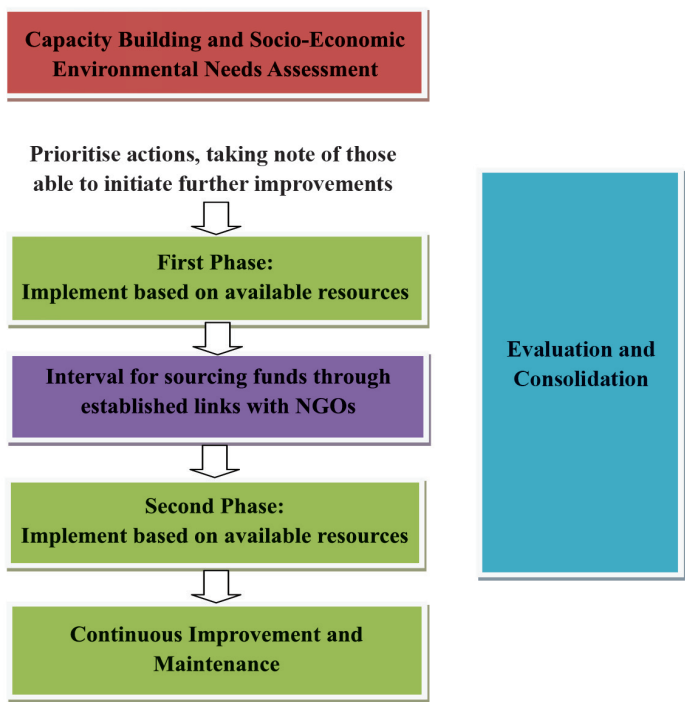


Figure 3: A Multidimensional Slum Alleviation Framework

The significance of the Multidimensional Slum Alleviation Framework to the situation beyond 2015 is vital given that ‘achieving the MDGs in Nigeria appears to be a phenomenal task for the government (Amaghionyeodiwe and Adediran 2012, 19–20). The framework could be instrumental in alleviating slum conditions for at least three reasons. Firstly, it is important for a socio-economic-environmental needs assessment. This will help to ensure that issues are understood before interventions are designed. Second, it seeks to prioritise actions in terms of the needs assessment. Therefore, in the case of Kpirikpiri, the re-surfacing of roads would not have been one of the initial actions as it was of little significance to slum dwellers in terms of eradicating extreme poverty and hunger (MDG1) and ensuring environmental sustainability (MDG 7). Thirdly, it seeks to provide an iterative process of evaluation and monitoring. This would enable original conceptions and interventions to be modified as issues evolve and new opportunities arise.

Conclusion

Sub-Saharan Africa is designated by UN-Habitat as the most deprived region in the world. Nigeria, in particular, continues to face some entrenched problems and is struggling to provide adequate forms of housing for its increasingly urbanised population. Estimates suggest that around half of Nigerians live in poverty, around 70 million Nigerians are living on less than 1 dollar a day, only 40 per cent have access to safe drinking water and approximately 85 per cent of the urban population lives in single houses with more than 7 occupants on average. Therefore, the incidence and formation of slum settlements is a major issue of political, societal and academic interest.

This chapter has examined the slum phenomenon in Nigeria and efforts to help address MDGs and associated targets. It has drawn on research on the Kpirikpiri slum settlement located in the city of Abakaliki, Ebonyi State. In summary, the level of deprivation currently experienced in the Kpirikpiri neighbourhood is clear evidence that the 10-year upgrading exercise has failed to significantly improve the living conditions and the social and economic prospects for the residents. Whilst many MDGs are being met, some serious issues remain.

In sub-Saharan Africa, and Nigeria in particular, rapid rates of urbanisation will continue to pose significant challenges for the international community, national governments, policymakers, non-governmental organisations and academics over future decades. A multidimensional framework that seeks to improve the quality of life of slum dwellers in terms of social, economic and environmental criteria may provide a useful mechanism, although it needs to be rigorously trialled and adapted to different circumstances. In recognition that the current trend in Nigeria suggests that upgrading programmes concentrate on the improvement of

infrastructure (Iweka and Adebayo 2010), the application of such a multidimensional framework appears to be all the more crucial.

Regardless of the squalid living conditions that many slum dwellers experience, slums are not necessarily ulcers of the urban environment that must be removed. Many slum dwellers exude hope, skills, qualifications, entrepreneurial traits and potential that could be usefully drawn upon to engender positive and sustainable changes in the neighbourhood. It is contended that slum improvement is unlikely to be sustainable without addressing social and economic issues in the community alongside physical challenges. The key finding, therefore, is that slum alleviation strategies should not focus on physical and environmental interventions at the expense of social and economic support. Indeed, the MDG target of improving the lives of a specific number of slum dwellers is misleading, especially in parts of the world such as Nigeria where the overall rates and proportion of those living in slum conditions continues to increase.

The case study findings reported in this chapter indicate the merits of conducting independent analysis of slum intervention strategies. It may also be fruitful to conduct user-led evaluations and investigations of slum alleviation projects, where residents would be in a position to help produce or co-produce new knowledge, insights and data.

Notes

1. In numerical terms, the population of Abakaliki rose from 78,911 in 1996 to 141,438 in 2006, and it is projected that it will rise to 777,252 by 2020 (NPC 2006).
2. Much as the informal sector provides a considerable number of affordable houses for the poor, its illegality and lack of basic building and urban planning standards may have adverse effects on the market and the overall economic growth prospects and long-term living standards. This notwithstanding, Keivani and Werna (2001) were of the opinion that as long as a vast majority of urban dwellers have no access to gainful employment in the formal sector, they would resort to unconventional modes of housing, leaving the government with no other choice but to overlook some of the illegalities.

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Conclusion: Successes and Challenges of the Implementation of the MDGs, with Lessons for the Post-2015 Development Agenda

Herman Musahara

Introduction

In this conclusion chapter to the book, a more holistic review of the successes and challenges of MDGs is undertaken with lessons for the post-2015 development agenda. The rationale of this approach is mainly because the book comes at the time when the end of the MDGs is approaching. A book like this provides evidence from countries on the basis of which lessons can be drawn. While there has been such evidence from other parts of the world, the chapters are on Sub-Saharan African countries and are on very specific topics. Thus, while there has been a tendency to regard the MDGs as a discourse which is flung globally, the book is down-to-earth.

In the concluding chapter, we first identify what are commonly regarded as the successes of MDGs and firm up our conclusion from the different chapters. Then, we review the challenges of the implementation of the MDGs till just a year before the expiry of the goals. Finally, we close the chapter with lessons that can be drawn for the post-2015 development agenda.

Successes and Challenges of the MDGs in Sub Saharan Africa

After a decade and a half, there seems to have developed a convergence of the virtues of the MDGs. Now, more than ever before, the world saw unified public mobilizations which receive political support for development (Melamed and Scott 2011). The MDGs provided a benchmarking tool to the Millennium Declaration in 2000 and soon themselves became a policy and planning tool.

Secondly, the MDGs simplified a usually complex issue of targeting development. By putting the whole challenge of development into 8 goals, 16 targets and 46 indicators, the MDGs became a tool that could be easily applied and monitored. In more friendly publications simple but simple cartoons were used to depict the goals and most likely make them easily understandable even to the common run.

Thirdly, unlike in the period before the 1990s, poverty reduction became a priority the world over and the MDGs became like a movement against poverty. They became accepted as benchmarks by governments, civil society and donors. In several countries, MDGs were used as benchmarks for poverty reduction strategy. Unlike at the beginning when some radical positions had suspicion and conspiracy theories on MDGs, a decade and

half later, there has not been any voice of dissent on the appropriateness or usefulness of the measures.

Fourthly, the MDGs have been used to mobilize resources and support. They have been used to negotiate increased aid (Moss 2010). Donors have found it convenient to support targeted outcomes that are time bound. Generally, the MDGs have led to reduction of poverty and many countries have improved their performance with respect to specific targets.

Fifthly, data usage has enabled monitoring progress towards the MDGs, which as noted above, has facilitated more public support, funding for development and the availability of internationally comparable data.

The progress towards the MDGs has been notable. Globally, extreme poverty has been halved. In 1990, almost half of the population in developing countries was under the poverty line of 1.25 dollar a day; the size of the population living under the poverty line has gone down to 22 per cent by 2010 (UNECA 2013, 2014). It is worth noting that the majority of the poor live in a few countries notably in India, China, Nigeria, Bangladesh and DRC. What is interesting is that India and China have been the countries where the most dramatic economic transformation has taken place in the last three decades.

Between 2000 and 2012, an estimated 3.3 million people in Sub-Saharan Africa, 90 per cent of who were children under 5 years of age, avoided death by malaria and efforts to fight tuberculosis have saved 22 million lives since 1995. In 2012, about 89 per cent of the world's population had access to improved sources of water compared to 76 per cent in 1990. Disparities between the number of girls and boys in primary school enrolment in the developing world were being closed by 2012. Political participation of women has also continued to improve and by 2012, 46 countries had managed to have 30 per cent of the seats in at least one chamber of parliament occupied by women (UN 2014).

Despite this achievement several challenges haunt achievement of the MDGs to its full. There is a successful global lobby on environmental sustainability but major trends threatening it are still present. In 2011, global carbon emission had been 50 per cent above the 1990 level. Although, hunger has declined from the 24 per cent in 1990–1992 to 14 per cent in 2011–2013, it is still a challenge in many parts of the world, especially tropical Africa. In 1990, about 40 per cent of the children were stunted. In 2012, the prevalence of stunting among children dropped to about 25 per cent, which is still significant. Mortality rates of children and mothers have gone down but are also still major challenges. The mortality rate for children under age 5 was 90 per 1000 live births in 1990. This fell down to 48 in 2012. Maternal death declined from 380 per 100,000 live births to 210 in 2013, a fall by about 45 per cent. Since 1995, access to antiretroviral therapy has dramatically improved and saved lives of 6.6 million people living with HIV/AIDS. Over a quarter of the world's

population has got access to improved sanitation since 1990. About 90 per cent of the children in developing countries are attending primary school (UN 2014).

The foregoing analysis on successes and challenges has brought out one interesting observation. Although there has been visible improvement globally, some areas and some countries are doing worse while some others are doing better. The MDGs have provided a global scenario that needs to be looked at in the context of a region or a country. The most interesting case is Africa. While several countries in the continent have moved visibly towards the realization of the MDGs, many more are still not meeting several of the goals. The overall picture at 2013 was as depicted in Table 1.

The picture is somewhat corroborated by the findings in the previous chapters of this book, which represented a range of countries and different MDGs. The findings vividly support the type of lessons that are identified for another phase of goals.

The chapter on Lesotho is on MDGs 1 and 6. The chapter indicates slow progress in reducing poverty and hunger. This is consistent with the argument that the next phase of development carries over the challenge of reducing poverty as indeed all other goals are directed to reducing poverty as well. That HIV incidence is still high in Lesotho suggests that different countries have performed differently in realizing or not realizing the MDG 6. It is therefore important to distinguish between global achievements and national performance. In the next phase of development, the importance of local contexts and adjusting targets according to country situations need to be given emphasis in addressing problems that have national character.

Emmanuel Manyasa's chapter on Kenya focuses on MDG 2, which asserts that access to education is a basic human right. This is the articulation that is missing in the MDGs. The human rights aspect and the mandatory nature of the targets have not been stressed. The findings in the chapter also support the problem that some dimensions of the MDGs have not been addressed. In this case, the author points out that quality of education and what he calls "correct education" are problems under the current MDGs. Another dimension that the chapter raises is inequality. The argument towards the conclusion of the chapter is that the kind of education given disadvantages the poor and entrenches inequality in the society. That inequality has to be addressed in the next phase is almost commonly felt by scholars as pointed out elsewhere.

Molebatsi and Dipholo's chapter on Botswana is on universal primary education or MDG 2. Like in the case of Kenya, the findings indicate good performance based on the good economic performance of Botswana; but they also note lack of focus on quality of education and a high degree of dropping out of school. It may be difficult, as we shall point out later, to include everything in the targeting; but, the lesson from the chapter is again

dimensions that have been overlooked in the current MDGs particularly the quality of education have to be considered in the next MDGs.

The chapter on Madagascar addresses the MDGs 2 and 3. However, the argument of the chapter is that for any MDGs to be addressed very well, political stability is a prerequisite. The findings on Madagascar on MDGs in a fragile state reiterate the recommendation to have a local adaptation of the goals to the country context and the recommendation to include governance in the next phase of goals.

The chapter on Tanzania focuses on MDGs 3 and 6. It reinforces the lesson that gender needs to be addressed more robustly instead of having it simply as one MDG. It is also important to note the finding that gender equality is still low in enrolment of women in higher education institutions. The finding augurs well with the argument for mainstreaming gender in all MDGs, a lesson that needs to be noted for the next phase of development. The study noted fighting HIV/AIDS and other diseases to have registered well. It attributes this to the availability of funds from the Global Fund. At a general level, it can be noted that MDGs were by and large dependent on aid flows.

Table 1. Africa's MDGs performance

Goal	Status	Best performing countries
Goal 1. Eradicate extreme poverty and hunger	Off- track	Target 1A (<i>Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day</i>): Egypt, Gabon, Guinea, Morocco, Tunisia Target 1B (<i>Achieve full and productive employment and decent work for all, including women and young people</i>): Burkina Faso, Ethiopia, Togo, Zimbabwe Target 1C (<i>Halve, between 1990 and 2015, the proportion of people who suffer from hunger</i>): Algeria, Benin, Egypt, Ghana, Guinea Bissau, Mali, South Africa, Tunisia
Goal 2. Achieve universal primary education	On track	Target 2A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling Indicator 2.1 (<i>net enrolment ratio, for boys and girls alike, in primary education</i>): Algeria, Egypt, Rwanda, Sao Tome and Principe Indicator 2.2 (<i>Proportion of pupils starting grade 1 who reach grade 5</i>) Ghana, Morocco, Tanzania, Zambia
Goal 3. Promote gender equality and empower women	On track	Target 3A Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015 Indicator 3.1 (<i>Ratios of girls to boys in primary,</i>

		<i>secondary and tertiary education</i>): The Gambia, Ghana, Mauritius, Rwanda, Sao Tome and Principe Indicator 3.2 (<i>Share of women in wage employment in the non-agricultural sector</i>): Botswana, Ethiopia, South Africa Indicator 3.3 (<i>Proportion of seats held by women in national parliament</i>): Angola, Mozambique, Rwanda, Seychelles, South Africa
Goal 4. Reduce child mortality	Off-track	Target 4A Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate Indicators 4.1 (<i>Under-five mortality rate</i>) and 4.2 (<i>Infant mortality rate</i>): Egypt, Liberia, Libya, Malawi, Rwanda, Seychelles, Tunisia
Goal 5. Improve maternal health	Off-track	Target 5A (<i>Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio</i>): Equatorial Guinea, Egypt, Eritrea, Libya, Mauritius, Rwanda, Sao Tome and Principe, Tunisia Target 5B (<i>Achieve, by 2015, universal access to reproductive health</i>): Egypt, Ghana, Guinea Bissau, Rwanda, South Africa, Swaziland
Goal 6. Combat HIV/AIDS, TB, malaria and other diseases	On track	Target 6A (<i>Have halted by 2015 and begun to reverse the spread of HIV/AIDS</i>): Cote d'Ivoire, Namibia, South Africa, Zimbabwe Target 6B (<i>Achieve by 2015 universal access to treatment to HIV/AIDS for all those who need it</i>): Botswana, Comoros, Namibia, Rwanda Target 6C (<i>Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</i>): Algeria, Cape Verde, Egypt, Libya, Mauritius, Sao Tome and Principe, Sudan, Tunisia
Goal 7. Ensure environmental sustainability	Off-track	Target 7A (<i>Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources</i>): Egypt, Gabon, Morocco, Nigeria Target 7C (<i>Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation</i>): Algeria, Botswana, Burkina Faso, Comoros, Egypt, Ethiopia, Libya, Mali, Mauritius, Namibia, Swaziland
Goal 8. Global partnership for development	Off-track	Target 8F (<i>In cooperation with the private sector, make available the benefits of new technologies, especially information and communications technologies</i>): Kenya, Libya, Rwanda, Seychelles, Sudan, Uganda, Zambia

SOURCE: UNECA *et al.* (2013)

Another chapter on Botswana is also on gender; and it states that all activities on gender should also address discrimination and gender violence. The chapter shows the rapid rise of rape by 50 per cent in 2011 in Botswana and also underlines the need to adopt a rights-based approach. Once again, the different dimensions of gender that did not find a place in the current MDGs, particularly gender violence and discrimination, are exposed.

A chapter on Ghana focuses on gender as well. The findings indicate that women are behind in welfare ranking. Using econometric analysis, it found out that acquisition of formal education and delayed marriages correlate positively with improvement in the goals. Its being another chapter focusing on gender could indicate the seriousness and level of the concerns about gender and gender equality.

A chapter on Kenya focuses on Goal 5. The major finding is that there has been substantial improvement in health delivery in Kenya, but that the maternal mortality rate is still high. This indicates that it is not enough to spend more on social sectors which may not always interpret into improvement in the MDGs.

The only chapter on MDG 7 is the one on rural safe water supply in Uganda. It is stated that the target was most likely untenable. What has emerged is that the goal on environmental sustainability was too narrow to capture emerging discourses on climate change and environmental problems. The next phase will most likely address these issues, especially climate change.

The last chapter is on poverty reduction and environmental intervention of slum conditions in Nigeria. The author studied the issue by combining MDGs 1 and 7. The good lesson from the chapter is that the goals are not mutually exclusive. All goals are also related to poverty reduction. It is important to note that in setting targets, the interrelations between goals have to be noted as poverty conditions are also multidimensional and complex.

Besides, the narrative on performance of a number of areas and issues has been pointed out as having been left out or neglected. Some indicators of progress have been subject to different interpretations. These are considered as part of the lessons in the next section.

Lessons for Post-2015

Around 2005, there was a debate as to whether MDGs would need an extension to 2020 to realize the goals. The idea did not seem to have bought much currency, because all the goals were time-bound and extending the date would be defying the whole logic of targeting by a given date (Melamed and Scott 2011). Now, authors have instead tended to point out what could have been the loopholes in the MDGs, which could be addressed in another phase after 2015.

Firstly, the number of people in extreme poverty was halved between 1990 and 2013. Yet poverty is still rampant in the world. It was seen that in some parts of the world like Africa, many countries are still off-track at the end of MDGs. At a global level, it is thought that the number of people out of poverty has been raised by the development of China (Pogge, Kohler and Cindamore 2013). But, China did not use MDGs as a benchmark for poverty reduction. Thus, the look at the 'causal' relation of implementing the MDGs and the global fall in poverty needs to be adjusted. Indeed the changes in China were planned much earlier than the MDGs. On the other hand, China, India and even Nigeria have higher concentrations of poverty than many other developing countries. There are still large numbers of poor people in Africa while at the same time Africa has realized the highest rates of growth during the past 10 years. MDGs, thus, could not go to the level where causes and dynamics of poverty and growth can be tackled. Surely, poverty is still an agenda on the post-MDGs period. Notable is the observation that MDGs neglect the most vulnerable and poorest by focusing on national averages and global levels (Melamed and Scott 2011; Vandemortele and Delamonica 2010).

Secondly, it has been noted that despite the simplicity of the MDGs expressed in 8 goals, some areas that are important to development and poverty reduction may have been overlooked or even neglected where some dimensions of existing goals are not articulate (German Watch 2010). These include quality of education, urbanization, jobs, infrastructure, good governance and security.

Thirdly, MDGs have been linked to securing aid and are more donor-driven than based on local contexts. In fact, it is not only an issue of getting participation of national stakeholders but also adjusting targets to local conditions (Shepherd 2008). A new agenda requires national ownership of goals and targets.

Fourthly, gender equity may be a means of reducing inequality, which is related to poverty reduction and growth (CROP 2013); but there is only one goal on gender. Gender was not mainstreamed in the rest of the goals (Desnah 2013; Holmes *et al.* 2010). The real gap is in economic inequality. From our observation on China, India and Africa, there has been growth in many parts of the developing world without proportionate reduction in inequality. The result is that growth, which is not pro-poor, cannot reduce poverty substantially.

Fifthly, several scholars have pointed to a lack of climate change targets (CROP 2013). The only goal under MDGs was Goal 7 on environmental sustainability that had no target on the current problem of climate change, global warming, adaptation and mitigation of climate change. There has been no target addressing, for instance, pollution. The MDGs were based on the metrics and models of economic development that seem to have not worked since the 1980s.

Sixthly, the human rights dimensions of poverty reduction have been inadequately addressed. There is no indication anywhere of how poverty reduction is a human right issue. There has been no call for ratification and implementation of human rights instruments. The goals and targets have not been binding. There has been no genuine provision for accountability (Pogge, Kohler and Cindamore 2013). Human rights are also the need to have a visible social justice agenda.

Seventhly, and related to poverty reduction again, is lack of social protection as target. Social protection would address the most vulnerable but also the effects of growing inequality as a result of rapid growth 'without jobs' and without jobs for only a small group of people.

Finally, there are some methodological remarks on the MDGs. The remarks were pointed out more than 10 years ago, but they are still relevant. MDGs were considered perhaps to be of equal weight. But, clearly Goal 1 of poverty reduction is an overarching goal since each of the goals contributes to poverty reduction. But, even then, Goal 8 on partnerships creation was more of a means to the MDGs and poverty reduction than a goal in itself. There was no prioritization of the MDGs (Summing Khoo 2005).

The Way Forward

Initially, there were debates about a possible extension of the MDGs to perhaps 2020. This has been abandoned and had not been favoured by many (Pogge, Kohler and Cindamore 2013). In fact, the post-2015 processes have started and there is a lot of work in progress. In June 2012, the United Nations convened in Rio de Janeiro the Rio+20 Conference on Sustainable Development (www.uncd2012.org). One of its outcomes was an agreement between member states to launch a process to develop a set of Sustainable Development Goals which will build upon MDGs and converge with post-2015 development agenda. It was decided to establish an inclusive and transparent intergovernmental process open to all stakeholders with a view to developing global sustainable development goals to be agreed upon by the UN General Assembly. After this one final year, it is almost certain that the MDGs will be succeeded by the SDGs—a post-2015 development agenda which is grounded in sustainability. In July 2015, world leaders will meet in Ethiopia to discuss financing for development; in September 2015, a Summit of the Heads of States will adopt SDGs at the United Nations in New York; and in December 2015, governments will meet in Paris and adopt a climate agreement. Meanwhile, an Open Working Group is proposing a post-2015 framework which will govern the post-2015 development agenda.

The period for the SDGs is regarded as 2015 to 2030. The SDGs still have to be adopted and, as pointed out, some indicators are imported from the MDGs. More indicators have to be determined and the dialogue is ongoing. These SDGs indicate what the general direction of the post-2015 Development Goals are likely to be.

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About the Book

In September 2000, world leaders from 189 countries, including 147 Heads of State, gathered at the United Nations General Assembly to consider the challenges of the new millennium. They adopted the Millennium Declaration, which set out a vision for inclusive and sustainable globalization (UN 2000 (A/RES/55/2)). The leaders pledged to work towards ensuring that conditions of extreme poverty are eradicated wherever they existed. To actualise this declaration, the UN established eight Millennium Development Goals (MDGs) to be achieved by 2015. The goals were broken down into 18 concrete targets and 48 indicators to track progresses in implementation.

For the past 14 years thereafter, countries in sub-Saharan Africa have been striving to achieve the goals. So far, some have achieved some of the goals, and the results toward the rest of the goals are also by and large positive, though off-target. This book brings together results of studies on progresses and challenges in the implementation of the MDGs in Lesotho, Kenya, Botswana, Madagascar, Tanzania, Ghana, Uganda and Nigeria. The authors focus on selected goals as cases. The book also presents lessons that can inform the post-2015 development agenda.

ISBN 978-99944-55-82-9



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